



# Annual Report and Summary Financial Statements 2012/13



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## Accessibility

We can provide information in other languages when the need arises. Furthermore, to assist any patient with a visual impairment, literature can be made available in Braille or on audio tape.

For patients who are deaf or hard of hearing a loop system is available around the hospitals and a British Sign Language service can be arranged. Information on these services can be obtained via the Patient Advice and Liaison Service (PALS).

# Section 1 - Introducing the Trust

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## Welcome

### **Welcome to our annual report highlighting the achievements of East Sussex Healthcare NHS Trust and our plans for the year ahead.**

Looking back on 2012/13 there is no denying it has been a tough and challenging year. We have had to make some difficult decisions on the future of some of our services, we have treated more patients than expected whilst grappling with a significant financial challenge that means we must become more efficient and deliver our services at a lower cost.

But most importantly it has been a year where we have continued our journey of improving quality and safety and made significant progress in relation to the care we offer our patients.

We still have more to do and we must continue to develop so we can deliver excellence in all aspects of the care we provide. We have taken great steps to improve patient safety.

Regular essential care rounds have been taking place for a considerable time in clinical areas. These provide a regular opportunity throughout the day and night to ensure that patients' essential care needs are met and any issues that have arisen can be addressed quickly.

Weekly nursing audits include a review of record keeping and also demonstrate compliance with assessments. These are reported to the Quality Review Groups in each of our clinical units.

We use a number of monitoring processes including the patient safety thermometer to provide indicators of the quality of care. The Board members and senior executives do not just rely on monitoring information to assess quality they also make regular visits to review all areas of care in clinical areas.

Quality and patient safety are at the forefront of everything we do and are our priority in all decision making.

We are measuring the impact of the changes we are making through key standards and performance measures in both the acute and community areas. Our service standards are monitored internally and externally and this has provided evidence of the progress we have already made.

The Care Quality Commission (CQC) has inspected a number of our services this year and their reports recognise the significant progress we have made to improve the quality of care we provide and deliver regulatory standards across all aspects of our service provision and governance arrangements.

We have been very open and honest about the journey this organisation has to make and have said that the improvements required in the quality of care at the Trust will take time to deliver and require large scale cultural and service change.

Although we are well on our way to achieving our goals it is not a time to become complacent. We are committed to continually improving the quality of care and outcomes for patients and aim to get every aspect of care right for all our patients all of the time.

During the year the NHS in East Sussex undertook a public consultation on proposals to significantly improve the quality of the care patients receive in stroke care, emergency orthopaedics and emergency general surgery.

Following this consultation we have agreed that acute and hyper acute stroke services will be provided on the Eastbourne District General Hospital site only and emergency and higher risk planned general surgery and emergency and higher risk planned orthopaedics will be provided on the Conquest Hospital site only. We plan to implement these proposals before the end of 2013.

As we move into 2013/14 we will continue to work hard to deliver our Clinical Strategy: Shaping our Future by reviewing all our services and ensuring they are contributing to its success. This will ensure we deliver high quality and sustainable services in the future and continue to provide excellent, safe healthcare for every patient, every day of the year.

The Board took the decision to temporarily consolidate our consultant led obstetric service, neonatal (including the Special Care Baby Unit), in-patient paediatric and emergency gynaecology services at Conquest Hospital only, along with the establishment of a stand alone midwifery led maternity unit alongside enhanced ambulatory paediatric care at Eastbourne District General Hospital.

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This decision was made on safety grounds following a clinical review by the National Clinical Advisory Team that we requested because our own clinicians were concerned about the future safety of the service.

This decision was made to ensure the safety of these services whilst a decision is made by the local Clinical Commissioning Groups about the longer term future of these services. The decision has the full support of all our consultant obstetricians and gynaecologists, obstetric anaesthetists and our senior midwifery team. The safety of mothers, their babies and children has to be paramount and is our overriding concern.

Provision of good quality, safe sustainable services is vital but so too is listening to the experiences of our patients and service users. Their views and opinions have always been important and this year we have worked with patients and carers to develop a patient experience strategy. It sets out how we will work with patients to get better at hearing their views and understanding their experiences so we can learn from them and ensure that patient care and experiences are improved.



This report will show that our staff have treated in excess of 141,000 people in our emergency departments and minor injury units as well as caring for almost 100,000 elective and non-elective admissions.

During the year we have made significant improvements to the quality of the services we provide, and continued to deliver most, though not yet quite all, key operational performance targets.

We continue to make huge efforts to tackle instances of healthcare associated infections and our work to minimise the number of patients with Methicillin resistant *Staphylococcus aureus* (MRSA) means we only had two cases during the year. Unfortunately we narrowly missed our infection control limit for *Clostridium Difficile* by one case with 51 cases against a limit of 50 cases.

Our work in this area continues and we will be working to improve our performance next year.

This year has seen the exciting development of Neighbourhood Support Teams. This is a new initiative that joins community nursing and Adult Social Care teams breaking down all previous referral boundaries to provide health and social care support in the community and reduce admissions to hospital. These teams put patients right in the centre of joint decision making on where and how to best manage their health and social care needs.

This Annual Report highlights some of the great work our staff have done this year. Everything we do and all our achievements are only possible thanks to the hard work, dedication and commitment of all our staff. We would like to thank them and know their work is greatly appreciated by the patients we treat and care for every day of the year.

During the year we began a programme that has enabled us to put clinicians and staff at the centre of change for the benefit of our patients, our staff and the Trust as a whole.

Through Listening into Action (LiA) we are beginning to make a fundamental shift in the way we work to support staff to raise areas for improvement and make changes themselves. At the LiA team 'Pass it on' event in March thirteen clinical teams, wards and departments came together to share their LiA journey and the progress made on their projects.

# Section 1 - Introducing the Trust

The teams showcased their achievements and the improvements made as well and identified how the support they had had in delivering their projects had contributed to their success.

During the year we held our first award ceremony to celebrate the amazing work our staff do on a daily basis and recognise their achievements.

We had a wide range of award categories to reflect the breadth of the services we provide and are grateful to the many local businesses who donated prizes for each award category.

It was truly inspiring to see the significant contribution made by the staff recognised at the ceremony to improving services for our patients and the local community. We know there are many more similar examples of excellence throughout the organisation and we look forward to being able to recognise some of these in future years.

We continue to make investments in our estate and infrastructure. This year we prepared for the transfer of five community hospitals and community clinic into our ownership.

Building work has progressed throughout the year on a new state of the art endoscopy unit at Eastbourne DGH which we expect to become operational in the summer of 2013.

We have installed a second CT scanner at Conquest Hospital. The scanner, which is state of the art, will help to shorten waiting times and because of its speed can be used by patients who find it very hard to stay still.

Work has continued to make improvements in many areas of our buildings to support the privacy and dignity of patients and maintain the quality of our infrastructure.

We operate in an extremely challenging situation where the demand for our services is increasing with an ever ageing population locally.

In 2012/13 we made £19 million savings and throughout the year we generated efficiency savings whilst continuing to make quality improvements. We made a small surplus for the year of £522,000.

In 2013/14 we need to continue our drive to become more efficient and productive whilst achieving all our objectives and delivering our

budget. This will need to take into account that our income is planned to be less in 2013/14 than it was in 2012/13.

From 2013/14 the new reforms and structures within the NHS will be in place with the commissioning of local services passing from Primary Care Trust to GPs in Clinical Commissioning Groups.

We will continue to work closely with our commissioners in primary care and local partners to deliver improved access and reduced waiting times for patients.

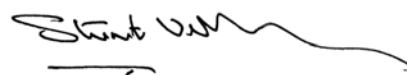
This means achieving and sustaining national standards for 18 weeks and A&E waiting times and delivering timely and accessible cancer care services.

Everything we do is focused around the needs of our patients and we are committed to continually improving their experience. Our aim is to be the provider of choice for the people of East Sussex and deliver better health outcomes and an excellent experience for everyone who uses our services. We want to ensure our services are clinically and financially sustainable so we are able to achieve Foundation Trust status.

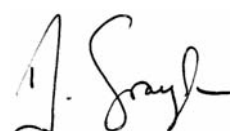
We would like to place on record the thanks of the Board to all our staff and our army of over 1,000 volunteers who support all our activities.

Also, thanks to all those throughout our local community who donate and raise money for the Trust's charitable funds and the Friends of our hospitals who support us in so many ways.

For more information about our organisation visit our website at [www.esht.nhs.uk](http://www.esht.nhs.uk)

A handwritten signature in black ink.

**Stuart Welling**  
Chairman

A handwritten signature in black ink.

**Darren Grayson**  
Chief Executive

# Section 1 - Introducing the Trust

## About the Trust

**East Sussex Healthcare NHS Trust provides acute hospital and community health services for people living in East Sussex and some areas of the adjacent counties. We also provide an essential emergency service to the many seasonal visitors to the county every year.**

Our services are mainly provided from two district general hospitals, Conquest Hospital and Eastbourne District General Hospital, both of which have Emergency Departments and provide care 24 hours a day. They offer a comprehensive range of surgical, medical and maternity services supported by a full range of diagnostic and therapy services.

We also provide a minor injury unit service from Crowborough War Memorial Hospital, Lewes Victoria Hospital and Uckfield Community Hospital. A midwifery-led birthing service along with outpatient, rehabilitation and intermediate care services are provided at Crowborough War Memorial Hospital.

At both Bexhill Hospital and Uckfield Community Hospital we provide outpatients, day surgery, rehabilitation and intermediate care services. Outpatient services and inpatient intermediate care services are provided at Lewes Victoria Hospital and Rye, Winchelsea and District Memorial Hospital.

Our community staff also provide care in the patient's own home and from a number of clinics and health centres, GP surgeries and schools.

The role of East Sussex Healthcare NHS Trust is to provide the best possible healthcare service to patients, who come first in everything the organisation does.

There are some 525,000 people who live in East Sussex and the Trust is one of the largest organisations in the county. We employ over 7,100 dedicated staff with an annual turnover of £387 million.

There are over 920 beds and almost 100,000 people are inpatients each year, whilst almost 120,000 use the Trust's emergency departments and over 21,500 patients use the minor injuries units. In addition there are over 309,000 outpatient attendances annually.



# Section 1 - Introducing the Trust

## Our promise to patients and staff

**Patients come first at East Sussex Healthcare NHS Trust. Our vision is to be the healthcare provider of first choice for the people of East Sussex and deliver better health outcomes and an excellent experience for everyone who uses our services.**

This means working in partnership with commissioners, other providers, our staff and volunteers as part of a locally focused and integrated network of health and social care in the county.

Our aim is to set the gold standard for people centred care by:

- making safer patient care our highest priority
- focusing on compassion, kindness, privacy and dignity
- providing services that prevent ill-health and exacerbations of long-term conditions
- developing our expertise in meeting the needs of those with complex co-morbidities and/or impaired mental capacity
- maximising the benefits of integration and providing seamless care
- providing high quality, innovative and accessible community and acute, emergency and elective care
- providing care in the right setting and at the right time
- using our resources efficiently and effectively
- ensuring our services are clinically and financially sustainable
- aligning our services to the needs of our local population
- transforming clinical pathways by working in partnership and in networks
- revolutionising our services and continuously developing our staff through innovation, research and education.

## Playing our part in the National Health Service

**The Trust is part of the National Health Service (NHS), which funds the vast majority of its activities.**

The NHS is committed to ensuring high standards of quality and sets a range of demanding targets on quality of care and waiting times which individual Trusts are expected to deliver.

As well as deciding national policies, the NHS sets the future direction of the service. Initiatives such as the NHS Constitution sets out rights and pledges for patients and the public.

As NHS Trusts are funded according to the patient care they carry out, providing a high quality, convenient and accessible service which patients want to choose will be key to the future success of East Sussex Healthcare NHS Trust.

Further on in this report is more detailed information on how the Trust is performing against key performance targets.

On 1st April 2013 GP led Clinical Commissioning Groups gained new powers to commission services on behalf of their patients and promote patient choice. In East Sussex services are commissioned by the following Clinical Commissioning Groups:

- Eastbourne, Hailsham and Seaford
- Hastings and Rother
- High Weald, Lewes and Havens

An independent National Commissioning Board NHS England has been set up to allocate resources, provide commissioning guidance and reduce NHS administration costs.

The Trust is well placed to be a full, active and positive partner in the development of local implementation plans and to work with the Clinical Commissioning Groups to ensure that the ambitions for the service and for patients are realised.

# Section 1 - Introducing the Trust

## Foundation Trust

**The Trust continues to aspire to become a Foundation Trust as part of its five year improvement journey to improve clinical sustainability and financial viability.**

With the structural changes taking effect across the NHS from 1st April 2013 we will be working on our Foundation Trust application with the new NHS Trust Development Authority.

Foundation Trust status will encourage greater community involvement and investment with members and governors to enable us to improve local services.

We remain committed to achieving this and being an organisation that is at the heart of our local community and which has patients and the community at the heart of what we do. We will continue to grow our membership to ensure that it is representative of the local population that we serve.

## Tell us what you think

Each year the Trust publishes an annual report which is launched at a public meeting when the Trust's accounts are also presented.

We want this report to be as useful as possible for readers.

- Do you have any views you would like to share?
- Was there information not included which you would like to see?
- Is there anything you would like to see improved for next year?

Please let us know - email:

[enquires@esht.nhs.uk](mailto:enquires@esht.nhs.uk)

or write to:

The Communications Department,  
East Sussex Healthcare NHS Trust,  
Eastbourne DGH,  
Kings Drive,  
Eastbourne, East Sussex, BN21 2UD.

## During 2012/13

More than 141,000 patients were treated in our Emergency Departments, Minor Injury Units and associated areas as emergency cases.

Almost 4,100 babies were delivered by our midwives and obstetricians.

More than 99,600 people were provided with hospital care either as inpatients or as day cases.

More than 309,000 people attended outpatient clinics at one of our hospitals or outreach centres.

Over 220,000 patients had contact with our district nurses.

More than 300,000 people had contact with our health visitors.

Almost 40,000 people were seen at one of our sexual health.

More than 297,000 radiological examinations and therapeutic procedures were performed.

Over 5.7 million pathology tests were performed.

# Section 1 - Introducing the Trust

## Our focus in 2013/14 will be on:

- Continuing to enhance the quality and safety of the healthcare we provide and deliver the standards of care across all our services that local people rightly expect.
- Maintaining compliance with the Care Quality Commission standards by continuing with our quality improvement programme focused on patient safety, clinical effectiveness and patient experience.
- Implementing our clinical strategy.
- Working with our local partners and GPs to deliver improved access and reduced waiting times for patients.
- Needing to achieve national quality and performance standards with less money by becoming more efficient and productive.
- Listening to patients and implementing our Patient Experience Strategy.
- Listening to the views and ideas of staff by developing our Listening into Action initiative.



**As a Trust, we must meet a broad range of national standards as well as locally agreed quality improvement targets. These include for 2013/14:**

- 95% of patients attending our Emergency Department (A&E) are seen and admitted or discharged within four hours.
- Less than 5% of operations that are cancelled for non clinical reasons on the day have to be rebooked within 28 days.
- No "avoidable" cases of MRSA bacteraemia (MRSA detected in a blood culture).
- No more than 25 cases of Clostridium difficile.
- 90% of patients requiring an operation or procedure are treated within 18 weeks of referral.
- 95% of patients not requiring an operation must start their treatment within 18 weeks of referral.
- 96% of patients diagnosed with cancer should be treated within 31 days of agreeing a treatment plan with their hospital doctor.
- 94% of patients who need further surgery for the same cancer or a recurrence should be treated within 31 days.
- 98% of patients who need further drug treatment for the same cancer or a recurrence should be treated within 31 days.
- 85% of patients with a suspected cancer should be treated within 62 days of referral by their GP to a hospital specialist.
- 90% of patients with a cancer diagnosed by screening should be treated within 62 days.
- 80% of stroke patients should spend 90% of their stay on a stroke unit.
- Less than 3.5% of patients should experience a delay in their discharge from hospital when their care is being transferred to another health or social care provider.
- No mixed sex accommodation breaches.
- 90% of patients receive a venous thrombosis embolism (VTE) risk assessment.
- 99% of patients wait less than six weeks for a diagnostic test.

# Section 1 - Introducing the Trust

## Clinical strategy - Shaping our future

**During the year the Trust agreed its clinical strategy - Shaping our Future which sets the future direction for services provided by the Trust over the next five to ten years.**

In developing the strategy the Trust has considered the future models of care that will be delivered in eight strategically important specialties:

- Emergency Medicine
- Acute Medicine
- Stroke
- Cardiology
- General Surgery
- Children's Services
- Trauma and Orthopaedics
- Maternity.

These have been developed through a process which has considered national best practice and the evidence base for delivering safe, quality services that meet the future health needs of our local population and ensure excellent clinical outcomes and patient experience.

The models of care are centred on the needs of the patient and focused on quality and safety and improving patient outcomes and experience.

They maximise the use of services in the community by developing care closer to people's homes. By working closely with GPs, Social Services and other agencies the models ensure that the right care is delivered in the right place at the right time.

They provide expert medical care for complex cases and older people and avoid unnecessary admissions to hospital. The patient care pathways are sustainable, innovative, streamlined and accessible, reflecting the needs of our local population.

The strategy set out the options for the way services will be provided and improved for patients by redesigning patient pathways and in some cases reconfiguring services. This involves bold and radical change that reflects the changing needs of patients, the rapid development of clinical practice and the current climate of financial austerity that requires services to be efficient and cost effective.

A public consultation on proposals to significantly improve the quality of the care East Sussex patients receive in stroke care, emergency orthopaedics and emergency general surgery was undertaken by the NHS in East Sussex during the summer of 2012.

East Sussex Health Overview and Scrutiny Committee voted in support of proposals from NHS Sussex and the Trust that acute stroke services should in future be provided only at Eastbourne District General Hospital and emergency and higher risk elective orthopaedic and emergency and higher risk elective general surgery services should in future be provided only at Conquest Hospital. They have agreed these proposals were in the best interests of the residents of East Sussex.

In 2013/14 and beyond the Trust will continue to develop its plans for the implementation and delivery of its Clinical Strategy. We will consider all the services we offer and working with our commissioners and the local population bring forward plans for their transformation.

We want people in East Sussex to have excellent, safe and sustainable services for years to come. This reconfiguration of services will deliver better results for patients, better access to expert clinicians and better recovery rates. It will also help to keep two vibrant, major hospital sites in Eastbourne and in Hastings and ensure healthcare in East Sussex is fit for 2013 and beyond.



## Section 2 - Improving services for patients

### Patient environment

**Each year the Trust is required to assess its facilities in line with national Patient Environment Team (PEAT) guidelines.**

Inspections are carried out by a multidisciplinary team including patient representatives and external validation.

The full PEAT scores for 2012 are below:

Site	Environment score	Food score	Privacy and Dignity
Bexhill	Good	Excellent	Good
Conquest	Good	Excellent	Excellent
Crowborough	Excellent	Excellent	Excellent
Eastbourne	Acceptable	Excellent	Excellent
Lewes	Excellent	Excellent	Excellent
Rye	Good	Good	Good
Uckfield	Excellent	Good	Excellent

The annual PEAT inspections will be replaced by P.L.A.C.E. (Patient led assessments of the care environment) for 2013 and will take place between April and June 2013.

These inspections will be undertaken jointly with our local Healthwatch, who will represent patients and lead these inspections, and the results will be published later in the year.



A patient information video can be viewed by patients on their bedside television at both Conquest Hospital and Eastbourne DGH. It explains about life on the ward, the types of staff patients will meet, the various facilities available and the importance of hand washing for visitors and staff.

### Hospital cleanliness

**We have implemented a new weekly intensive clean of patient-shared equipment to help support the nursing staff.**

An individual ward cleaning portfolio was also introduced, which holds all the information relating to cleaning and is available for patients to read.

We have improved our cleaning systems to coincide with patients being discharged providing a more focused service including a checklist to ensure all cleaning has been completed.

The Trust has also continued to develop and expand the 'Intensive and Rapid Clean Service'. Each team now consists of five specifically skilled staff, with one team on each acute site. This team systematically visits wards and areas like theatres and usually completes a programme of intensive cleaning and environmental improvement in about two weeks. It can also be speedily deployed to areas for extra cleans at very short notice.

Enhanced decontamination cleans are also undertaken to support the reduction of infections within the Trust.

We have ensured we have staff on both acute sites that are able to work flexibly and have multi-role skills. These staff provide a consistent backfill service to cover short term absence and avoid gaps in services. We have continued to expand this service across the Trust in 2013/14.

We continue to develop the Ward coordinator role at the Conquest Hospital to support nurses in care of patients and improve the patient experience by having fully trained lead housekeepers liaising with Ward Matrons on standards of cleanliness and nutrition.

## Section 2 - Improving services for patients

### Patient catering

**During the year the catering team produced over 1.2 million meals for patients covering both acute and community units.**

Providing a choice of nutritious and appetising food is an important priority for the Trust. Patients with specific needs relating to cultural, religious or special dietary requirements are catered for.

The pilot of an extended choice menu on six wards across the Trust proved to be extremely successful and has led to further development initiatives for our main patient menus.

We work closely with the dieticians to ensure that dishes produced meet the needs of the patients and all of our menus have been nutritionally assessed following standards laid down by the British Dietetic Association.

Feedback from patients is extremely helpful in developing the menu for patients. This year we again continued to receive high patient satisfaction ratings in our monthly catering audits. Patient survey results showed improvements and indicated 94% satisfaction on quality and 95% satisfaction on choice.

The catering team are always willing to visit patients on request to discuss any concerns or ideas they may have in order to improve our services.

The kitchen production units in both Acute and community units achieved Food Hygiene score ratings of 4's (good) and 5's (excellent) across the board following annual food hygiene inspections.

### Site safety

**The Trust does all it can to ensure everyone's safety whilst at our hospitals. We have a proactive security culture to keep our sites and all those in them safe.**

We have around 75 closed circuit television (CCTV) cameras, control rooms at Conquest Hospital and Eastbourne DGH and a range of other alarms including medical gases, blood banks, lifts and fire systems.

Accessibility is important, even in adverse weather. The Trust has this year invested in brand new snow clearing and ice combating equipment to keep our sites open and safe for users.

A baby tagging system helps to protect the most vulnerable and a swipe card access system controls access to certain areas of our hospitals.

In response to feedback from visitors, we have made improvements to our car parks with the introduction of a 'Pay-on-Exit' system, making it fairer, easier and more convenient for visitors to our hospitals. We have significantly improved access to and increased facilities for disability parking.

Our car parks at Conquest Hospital and Eastbourne DGH have been awarded accreditation under the national "Park Mark" scheme, recognising high standards of security and safety.



## Section 2 - Improving services for patients

### Investing in our estate

**In a year of continuing financial austerity and drives to further reduce estates revenue costs there has nevertheless been opportunity to invest in the built estate.**

This investment has helped prepare the way for the significant changes that will be required to the estate in order to deliver our Clinical Strategy 'Shaping our Future'.

The programme of works to develop our ward layouts to provide privacy and dignity for our patients whilst improving facilities for isolation has continued with the refurbishment of Wellington Ward at Conquest Hospitals incorporating innovative designs for single bedded rooms and bariatric facilities. This work was done at Eastbourne DGH in the previous year.



Other significant capital schemes have been the ongoing construction works for the new Endoscopy Unit at Eastbourne DGH (due for completion in the summer of 2013), the creation of a Surgical Admissions Lounge and the refitting of Seaford 4 Ward and the upgrading of Mortuary facilities at Conquest Hospital.

The contract to undertake energy and carbon reduction initiatives funded through cash savings

has reached the stage where a programme of works has been identified and it is hoped that these works will proceed in the coming financial year and will help reduce pressure on the operational maintenance budget.

During the year the entire acute estate has been surveyed in order to determine physical condition and identify potential areas of statutory non-compliance in order to inform future bids for the funding of infrastructure maintenance and improvement.

The Trust's Estate Strategy is under review in parallel with the development of the Clinical Strategy. This will enable us to make the most of the opportunities arising from the transfer of community properties to Trust ownership. This work is in preparation for the changes that will be required in both the clinical and built environments as the Trust continues to transform its services and deliver its objectives.

### Patient and public involvement

**The Trust places patients at the heart of everything we do. Monitoring, responding and learning from patient experience is a priority.**

We are committed to ensuring that every patient receives a high quality service that meets their expectations. We know that the best way to achieve this is to actively seek their views and continuously prioritise patient and public involvement with the aim of delivering and designing services with the patient at the centre.

To this end we have focused on the development of a new patient experience strategy in 2012/13. The Patient Experience team has held a number of focus groups and has consulted with many patients, carer groups and staff to ensure as many views as possible helped shape the strategy.

During the year the Patient Experience Team has introduced a number of new ways in which we will gather, manage and learn from feedback. This includes the launch of a Patient Experience Champion Programme, a "real time" survey data management solution and an increase in the amount of local surveys.

## Section 2 - Improving services for patients

In addition the Friends and Family Test was introduced to all wards, departments and services during the summer of 2012. This was well ahead of the national mandatory plan to implement the Friends and Family Test from 1st April 2013.

Patient feedback is also gathered through other sources such as, the Patient Advice and Liaison Service (PALS), complaints and national mandatory surveys.

During the past year East Sussex Local Involvement Network (LINK) which is a statutory patient, care and public involvement network has continued with "enter and view" visits. Reports are issued to the Trust and actions taken to address any recommendations made. From April 2013, LINK will be replaced by a new national statutory body called Healthwatch who will continue to monitor and work with the Trust.

Overall in 2012/13, a total of 5,930 questionnaires have been mailed, with 2,578 being returned completed. Results have shown that satisfaction remains high with:

- 93% rated staff working together as excellent, very good or good.
- 93% rated overall care as excellent, very good or good.



### Equality and diversity

**This year the Trust progressed equality by working with community members in healthcare steering groups and with employees through staff networks.**

The Trust audited the two main hospitals: Conquest Hospital and Eastbourne District General Hospital for disability accessibility. Plans are now being put in place to improve against the findings from these audits.

Work has also been undertaken by Urgent Care to review and map the journey people with mental health issues have whilst within their care. A new Dementia lead and the Learning Disability Liaison Nurse are working to improve the identification and recording of patients as well as improving practice on the wards. The Trust also retained the Disability Positive recruitment standard ('Two Ticks').

The Trust has worked closely with different faith communities to produce guidance to support staff in meeting different people's religious needs whilst within our care. Work has also been undertaken to identify and improve sacred and quiet space on community sites for patients and staff. Policies on prescribing medicine and blood transfusion were updated to include religious diversity.

Representatives from the Older People's Forums in East Sussex have met quarterly in Q&A sessions involving clinical leaders to scrutinise and discuss a range of topics of their choice. These included nutrition and dietetics, discharge and privacy and dignity. The Trust has been involved with Age UK and their 'Hungry to be Heard' campaign, including a baseline nutrition assessment.

The Trust has signed up to a new contract for the provision of interpreting, translation, advocacy and transcription services ensuring patient safety and value for money. BME staff network members have taken up positions on the workplace policy partnership group to support improvements to working lives and held a series of learning and development workshops for members.

The Trust participated in a review of how Lesbian, Gay Bisexual and Trans gender (LGBT)

## Section 2 - Improving services for patients

friendly the care we provide is. The findings were published in March 2013 and improvements to patient experience will be made over the forthcoming year. The Trust engaged with Age Concern on a project to increase social inclusion for older LGBT people.

For more information please visit our website: [www.esht.nhs.uk/equality](http://www.esht.nhs.uk/equality)

### Let us know your views

**During 2012/13 the Trust has continued to adopt the 4C approach for managing patient experience.**

This includes having systems and processes in place to effectively address complaints, compliments, comments and concerns.

During 2012/13 the Trust received a total of 576 complaints compared to 637 received the previous year. This means that less than 0.1% of patient care activity results in a complaint. It is our aim to acknowledge formal complaints within three working days and we are pleased to report that for six months of the last year we achieved a 100% acknowledgement response with the remaining months mainly achieving above 96%.

Over the last year the top five complaint themes have been:

<b>Standard of care</b>	<b>190</b>
<b>Communication</b>	<b>110</b>
<b>Attitude of staff</b>	<b>88</b>
<b>Delays</b>	<b>49</b>
<b>Diagnosis</b>	<b>32</b>

Learning from these complaints is paramount to us. The Patient Experience Steering group review all themes identified from formal and informal complaints along with all other patient feedback.

The group membership includes key staff from divisions who are responsible for sharing the information with relevant clinical teams to implement remedial action plans and facilitate shared learning across the trust.

### Patient Advice and Liaison Service (PALS)

**Many queries, concerns and informal complaints have been addressed through the Patient Advice and Liaison Service (PALS).**

PALS is an informal service for patients, carers and members of the public to contact when they have a concern, enquiry or comment.

During 2012/13 a total of 4,610 contacts were made with PALS. These included 2,276 contacts requiring advice or information.

In addition, the Trust is pleased to report that PALS received 410 written compliments and 1,511 informal compliments. This does not include the many compliments that the Trust receives through patient surveys.



## Section 2 - Improving services for patients

### Emergency preparedness

**The Trust has maintained its work in Emergency Preparedness which covers both Emergency Planning and Business Continuity Management.**

The Trust played a major role in the planning for the 2012 Olympics, specifically for the Torch Relay both on its journey through the County but also at the overnight public event and concert held at Hastings.

The Emergency Planning Officer worked with the other Category 1 Responders and partner organisations to ensure that normal services could be provided at all our sites during this time.

Work was also carried out to ensure that the acute sites were fully prepared to respond to any major incidents that could have occurred as a result of accidents or deliberate acts.

Olympic funding supported the procurement of new decontamination structures for both acute sites and staff have been trained in their use. Emergency Department staff also received refresher training to on the use of the Powered Respirator Protective Suits.

Two Olympic training camps were established within our area and plans to deal with any members of the Olympic Family presenting at our Emergency Departments were put in place, following national guidelines.

Business continuity management has been an area also requiring significant input during the year with each division being required to identify a divisional lead and departmental leads for business continuity.

Leads have been trained and are working on their business impact analysis documents which will inform and guide their subsequent business continuity plans. This work has been organised and facilitated by the emergency planning team with the lead being taken by the newly appointed Deputy Emergency Planning Officer, who joined the Trust in late July.

Our procedures and plans are reviewed and updated to maintain compliance with the good practice guidelines from the Department of Health.



The Major Incident Plan was reviewed and changes made to reflect changes in the organisational structure.

The Trust activated plans, on several occasions, to respond to heavy snowfall which disrupted services and resulted in business continuity issues. The Severe Weather Plan was updated in October 2012 to reflect lessons identified during the previous winter.

We have continued to test and validate our plans and participate in local and regional events and exercises. The Trust continues to play an active role within the Sussex Resilience Forum that allows the acute trusts in Sussex to meet and discuss emergency preparedness, and facilitate joint planning.

The Forum has delivered a joint chemical, biological, radiological, and nuclear plan across Sussex as well as commencing work on a hospital evacuation plan template.

The Trust is also represented on Safety Advisory Groups (SAG) operated by district and borough councils.

The Trust facilitated a new major treatment/triage centre in the grounds of Lewes Victoria Hospital on the occasion of the Lewes Bonfire with support from the Ambulance Service, St John Ambulance, British Association for Intermediate Care and Royal Sussex County Hospital clinicians. It ensured space was provided for an Ophthalmologist within the Minor Injuries Unit to treat eye injuries which are quite significant during this event.

## Section 2 - Improving services for patients

### Volunteering

**More than 1,200 people volunteer their time, energy and enthusiasm every month for the benefit of patients, visitors and staff at the Trust.**

Our volunteers work on receptions, 'meeting and greeting', taking trolleys with sweets and newspapers and library books to the wards, assisting staff around the Trust, as chaplaincy visitors, hospital radio, helping on tea bars, as drivers and escorts and in many other areas.

Each dedicated volunteer makes a vital contribution to daily hospital life and their efforts are hugely welcome.

Anyone who is interested in becoming a volunteer to strengthen and enrich our dedicated team of people should contact our Voluntary Services Managers - Julie Scott for community hospitals and clinics (01892) 603110, Pat Peachy at Conquest Hospital on (01424) 755255 Ext: 8497 or Corrine France at Eastbourne DGH on (01323) 417400 Ext: 4880.

### Fundraising

**The Trust is extremely grateful for the efforts of a wide range of charities and individuals whose generosity supports our work.**

Over the year £565,000 has been donated or bequeathed to the Trust's charitable funds.

The Friends of our hospitals have again proved extremely generous this year with the purchase of equipment to improve the care and support we are able to offer patients.

If you would like to support or become involved with the Friends please contact:

**Friends of Bexhill Hospital**  
Tel: (01424) 217449

**Friends of the Conquest Hospital**  
Tel: (01424) 755820

**Friends of Crowborough War Memorial Hospital**  
Tel: (01892) 664626

**Friends of the Eastbourne Hospitals**  
Tel: (01323) 417400 Ext: 4696

**League of Friends Lewes Victoria Hospital**  
Tel: (01273) 474153

**Rye Health and Care Ltd**  
Tel: (01797) 223810

**Uckfield Community Hospital League of Friends**  
Tel: (01825) 767053

### Working together

**We work closely with other organisations in the county to help provide our services.**

We have had a close working relationship with NHS Sussex and NHS South of England and are developing a good working relationship with the emerging Clinical Commissioning Groups for East Sussex.

We continue to work closely with Sussex Partnership NHS Foundation Trust, South East Coast Ambulance NHS Foundation Trust, East Sussex Adult Social Care, Sussex Police, East Sussex Fire and Rescue Service, NHS Direct and the local district, borough and county councils. We are grateful for the support received from all these organisations during 2012/13.

From 1st April 2013 we will work closely with the local Clinical Commissioning Groups, the Surrey and Sussex Area team of NHS England, the NHS Trust Development Authority and the Health and Wellbeing Board of East Sussex County Council.

We particularly value the scrutiny role and support for the Trust and the wider local NHS provided by the local Health Overview and Scrutiny Committee of East Sussex County Council and the East Sussex Local Involvement Network during 2012/13.

As from 1st April 2013 the local Health Overview and Scrutiny Committee will continue to fulfil its functions and Healthwatch East Sussex will replace the East Sussex Local Involvement Network to become the new consumer champion for health and social care in East Sussex.

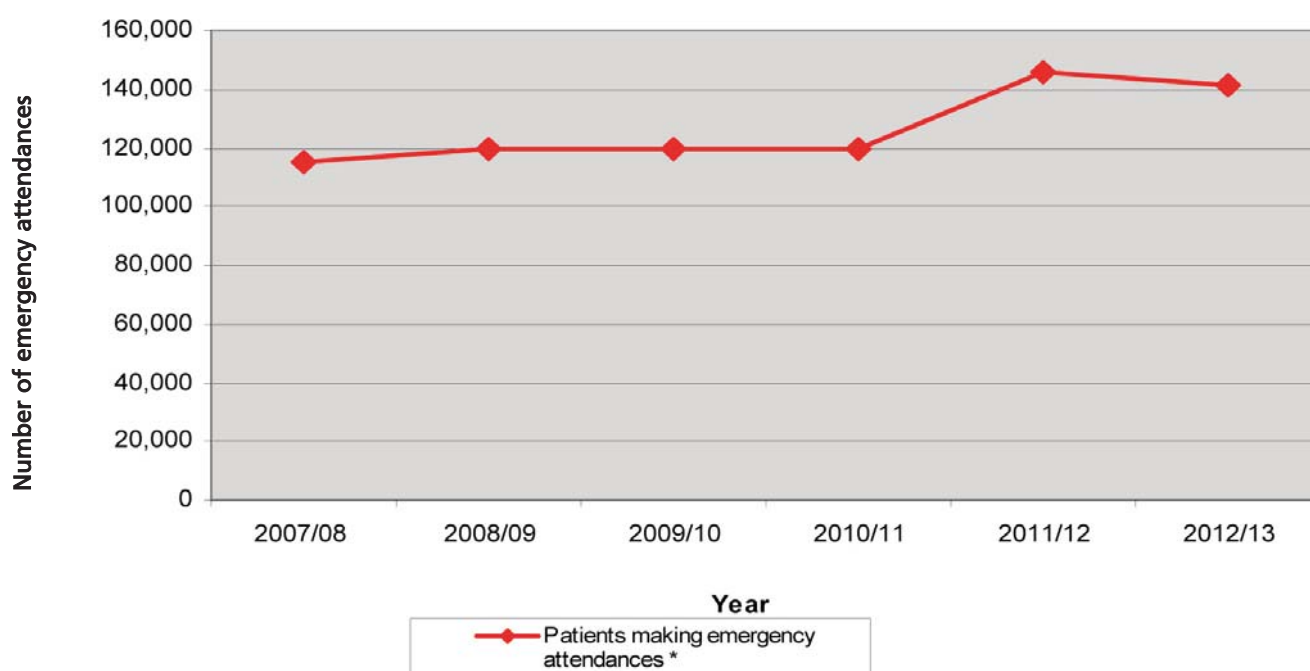
## Section 3 - How we are performing

The Trust's performance for the past six years, against key indicators, can be seen below.

	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Patients making emergency attendances (1)	115,147	119,262	119,596	119,320	146,066	<b>141,520</b>
Patients spending more than four hours as emergency attendances	2,272	2,302	2,627	3,540	6,042	<b>5,967</b>
Percentage of patients through Emergency Departments in under four hours	98.0%	98.1%	97.80%	95.86%	95.91%	<b>95.78%</b>
Number of patients experiencing four hour trolley wait	210	310	200	383	1,236	<b>1,560</b>
18 week referral to treatment - admitted target 90%	N/A	89.4%	86.6%	83.5%	81.5%	<b>93.61%</b>
18 week referral to treatment - non-admitted target 95%	N/A	91.4%	95.1%	95.2%	92.6%	<b>97.21%</b>
First Outpatient attendances	97,076	115,608	122,035	122,118	118,665	<b>114,689</b>
Follow-up Outpatient attendances	209,801	200,609	183,068	192,500	194,108	<b>194,961</b>
Total Outpatient attendances	306,877	316,217	305,103	314,618	312,773	<b>309,650</b>
Total number of elective Inpatient admissions	49,528	53,079	49,620	49,995	52,254	<b>52,887</b>
Total number of non elective admissions (exclude neonate admissions)	45,865	48,698	45,713	45,622	46,412	<b>46,739</b>
Number of operations cancelled at short notice	199	359	399	402	350	<b>370</b>
Day case procedures	39,096	42,448	38,979	39,373	41,831	<b>43,124</b>
Percentage of elective admissions undertaken as day cases	78.9%	80.0%	78.6%	78.8%	80.1%	<b>81.5%</b>
Length of stay of elective admissions (days)	3.23	3.57	2.62	2.72	2.59	<b>2.44</b>
Length of stay of emergency admissions (days)	6.09	6.34	6.36	6.29	6.74	<b>7.00</b>
Percentage of beds occupied by delayed transfers of care	3.69%	3.20%	3.87%	3.48%	2.44%	<b>2.66%</b>
Number of diagnostic examinations in our Radiology Departments	250,648	280,692	290,662	299,345	310,811	<b>297,493</b>
Number of births	3,835	4,121	4,194	4,350	4,147	<b>4,091</b>
Percentage of suspected cancer patients seen within two weeks of an urgent GP cancer referral	99.6	94.4%	92.6%	93.1%	96.6%	<b>94.42%</b>
Percentage of patients treated within 31 days of decision to treat	99.2%	98.2%	97.5%	96%	97.4%	<b>97.16%</b>
Percentage of patients treated within 62 days of an urgent GP cancer referral	96.7%	89.5%	83.5%	90%	83.1%	<b>83.33%</b>
Total number of tests undertaken in our Pathology Department	4,902,352	5,307,446	5,613,343	5,534,341	5,655,519	<b>5,751,012</b>
(1) This number includes attendances at Minor Injury Units; 2011/12: 26,372 and 2012/13: 21,658						

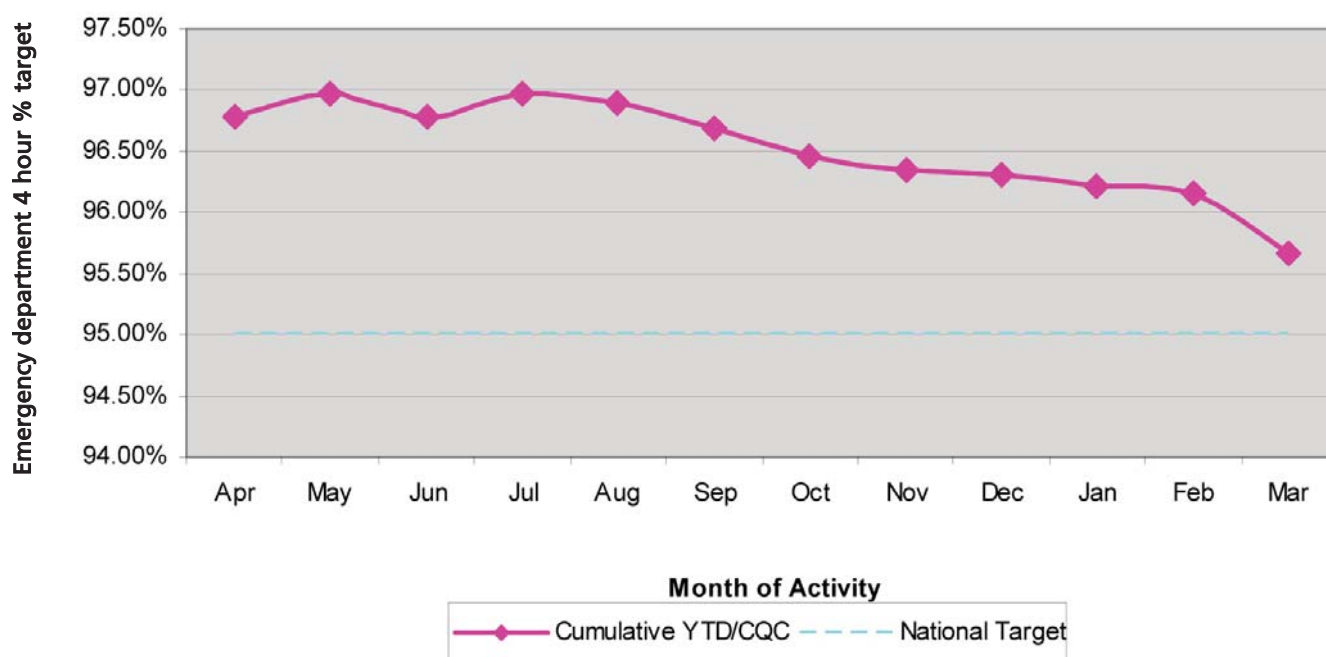
## Section 3 - How we are performing

### Patients making emergency attendances



### Emergency Department four-hour target performance\*

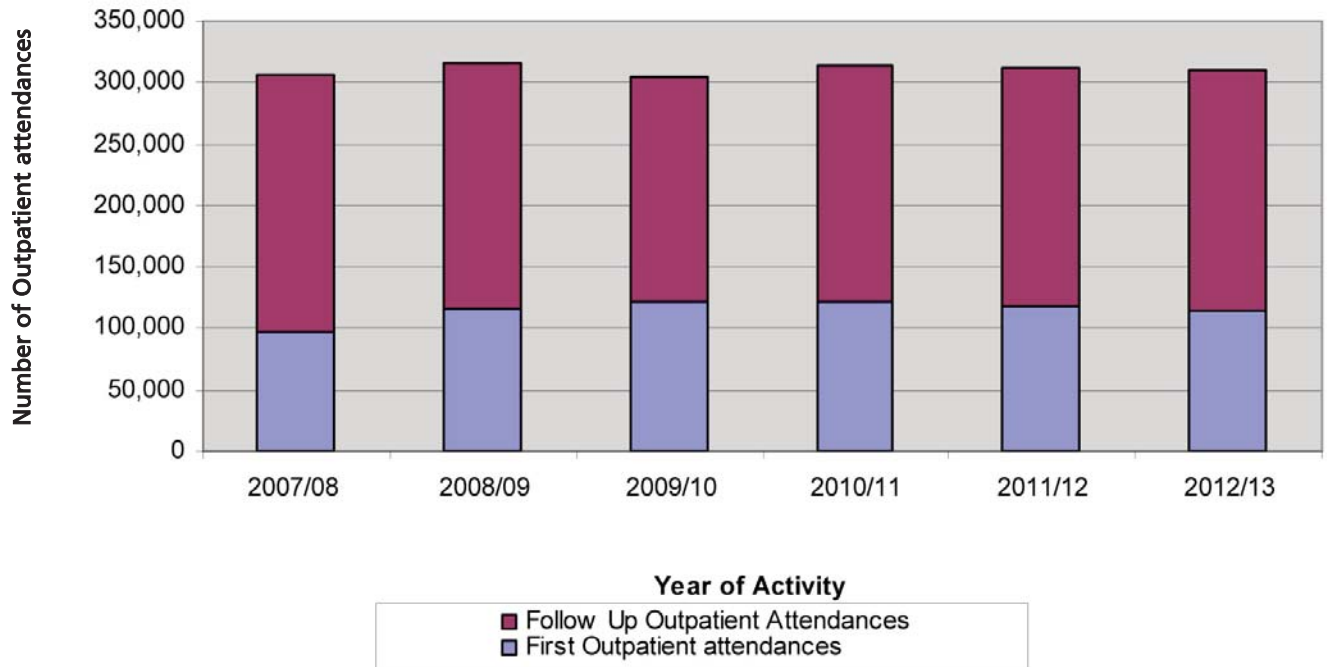
The graph below charts the cumulative Emergency Department performance across 2012/13; the March figure reflects a full years attendances over a full years breaches.



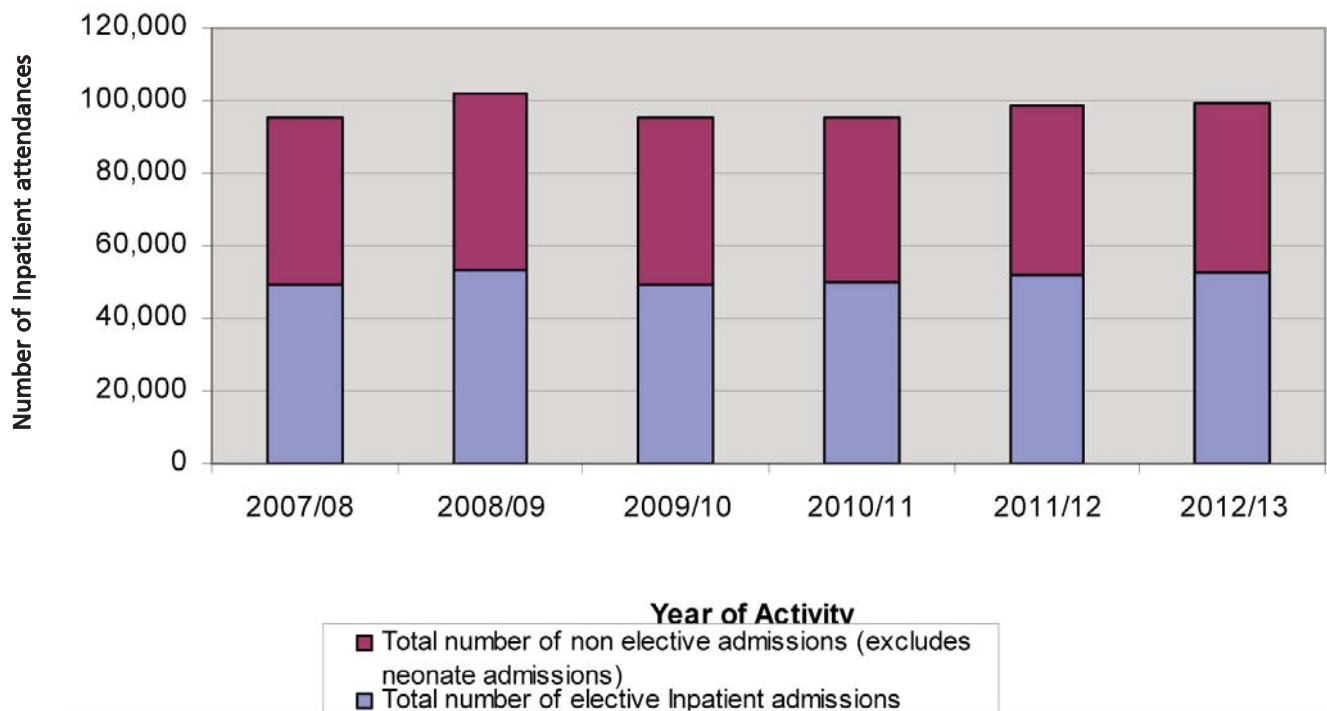
\* Includes 21,658 attendances at Minor Injury Units

## Section 3 - How we are performing

### Outpatient attendance activity

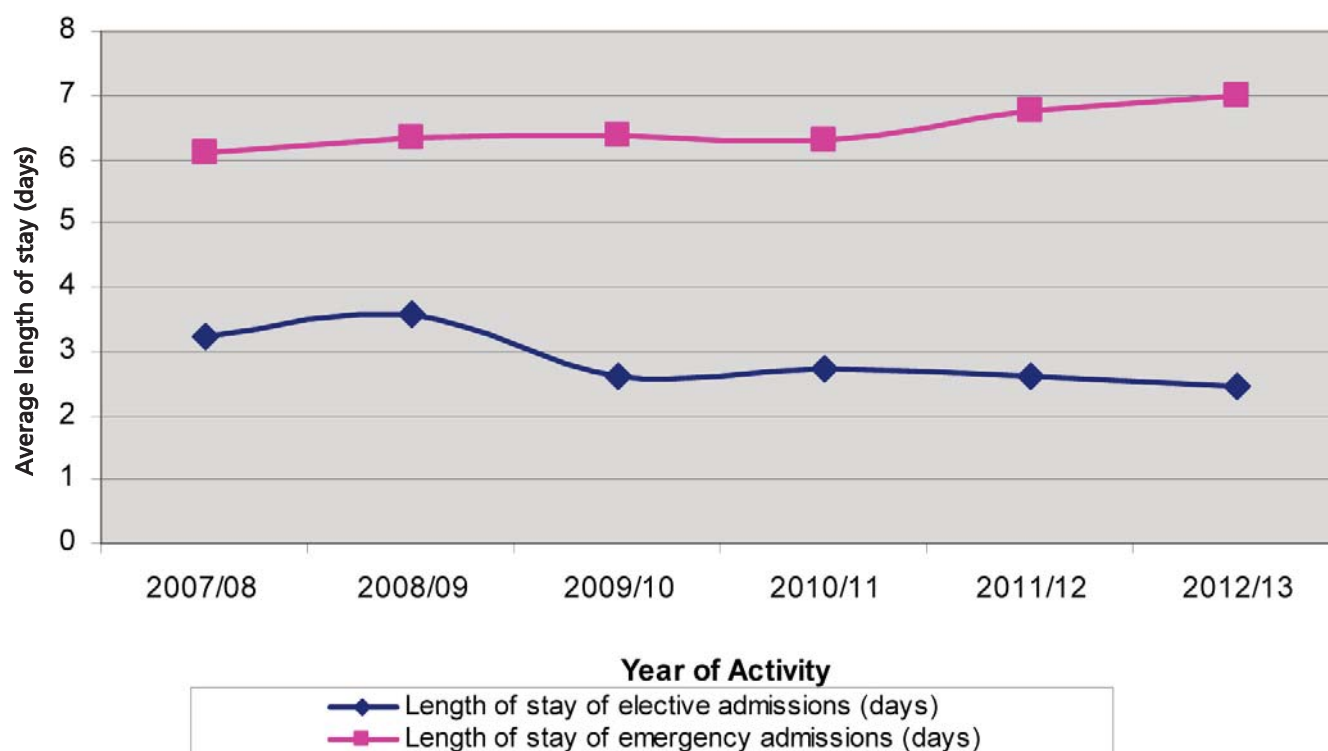


### Inpatient admission activity

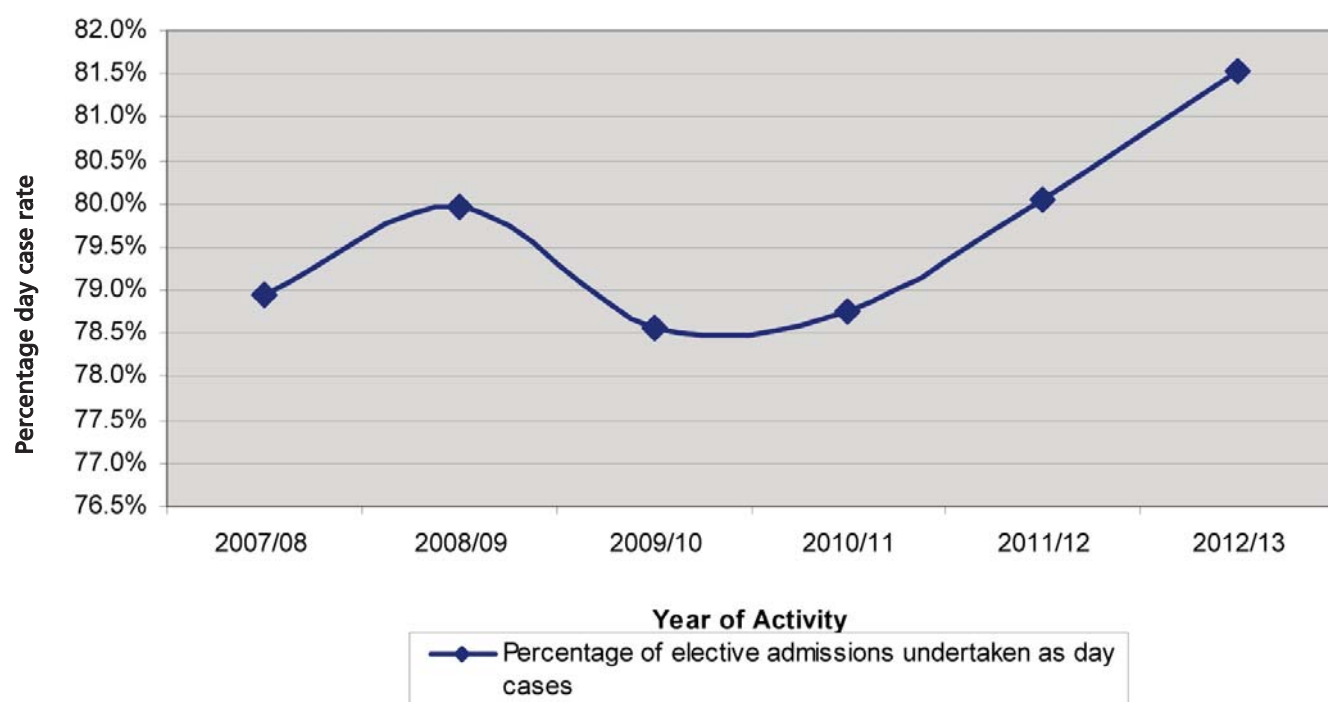


## Section 3 - How we are performing

### Length of stay

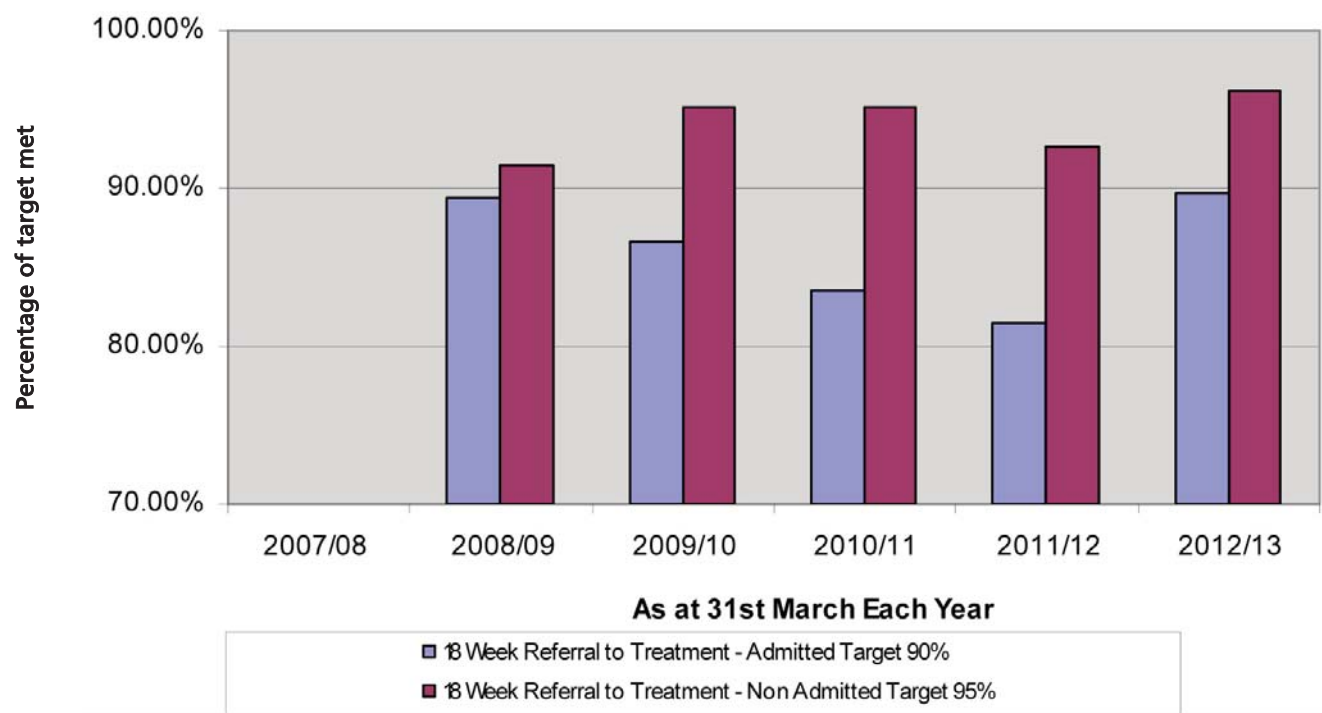


### Percentage of elective admissions undertaken as day cases



# Section 3 - How we are performing

## 18 weeks



## Section 3 - How we are performing

### Care Quality Commission

East Sussex Healthcare NHS Trust is required to register with the Care Quality Commission (CQC) and it is currently registered for the following activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Maternity and midwifery services
- Termination of pregnancies
- Nursing care
- Family Planning Services
- Assessment or medical treatment for persons detained under the Mental Health Act 1983

Unannounced compliance inspections were undertaken by the Care Quality Commission during 2012/13:



Date	Site	Outcomes reviewed
24th April 2012	Various wards at Eastbourne District General Hospital and Conquest Hospital	Outcomes 1, 2, 4, 5, 7, 12 and 14 – compliant Outcome 9 – moderate concern Outcome 16 – minor concern
6th September 2012	District Nursing Service based at Eastbourne Park Primary Care Centre	Outcomes 1, 7, 16 and 17 – compliant Outcomes 4, 14 and 21 – minor concern
19th September 2012	Crowborough Birthing Centre	Outcomes 4, 8, 13, 14, and 16 – compliant
28th September 2012	Irvine Unit at Bexhill Hospital	Outcomes 1, 7, 14 and 16 – compliant Outcome 4 – minor concern
12th October 2012	Maternity Unit at Eastbourne District General Hospital	Outcomes 4, 12, 14, 16 and 20 – compliant
6th November 2012	Crowborough War Memorial Hospital	Outcomes 1, 4, 7, 8, 14, and 16 – compliant
9th January 2013	Rye, Winchelsea and District Memorial Hospital	Outcomes 1, 4, 8, 14, and 16 – compliant
15th January 2013	Irvine Unit at Bexhill Hospital	Outcome 4 – compliant
24th and 29th January 2013	Eastbourne District General Hospital and Conquest Hospital	Outcomes 9 and 16 - compliant

## Section 3 - How we are performing

### Environmental matters

#### Why is Sustainable Development important for the NHS?

Sustainable development means managing resources in order to meet current needs in a way that does not compromise the ability of future generations to meet their needs. There are many reasons why the NHS should embrace sustainable development:

- **It is a legal requirement.** The publication of the NHS Carbon Reduction Strategy in 2009 set a mandatory framework for NHS organisations to embed sustainability into their culture and operations. The Strategy was driven by the Climate Change Act 2008 which set out, for the first time, statutory emission cuts for the UK.
- **The NHS has a significant environmental footprint.** The NHS is one of the largest employers in the world and is the largest public sector contributor to Climate Change in Europe. Each year it emits 21 million tonnes of carbon dioxide (CO<sub>2</sub>), representing 3.2% of the UK's total emissions. As a consequence the NHS has the potential to make a huge contribution to sustainability in the UK.
- **It makes good business sense.** By reducing energy and water consumption, reducing waste and recycling more and finding alternatives to motorised travel NHS organisations can realise significant financial savings, which can be reinvested into frontline care.
- **Climate Change and health are intrinsically linked.** According to the Lancet, Climate Change is the "biggest global health threat of the 21st Century". Climate Change is already impacting on lives and human health through extreme periods of heat and cold, storms and deteriorating air quality. As one of the world's largest organisations the NHS has a national and international duty to act and to set an important example to the business community and to the public.
- **The NHS needs to set a leading example.** As an employer, service provider and procurer of goods and services, the NHS can use its position and buying power to influence the public, partners and suppliers to adopt similar attitudes towards sustainability.

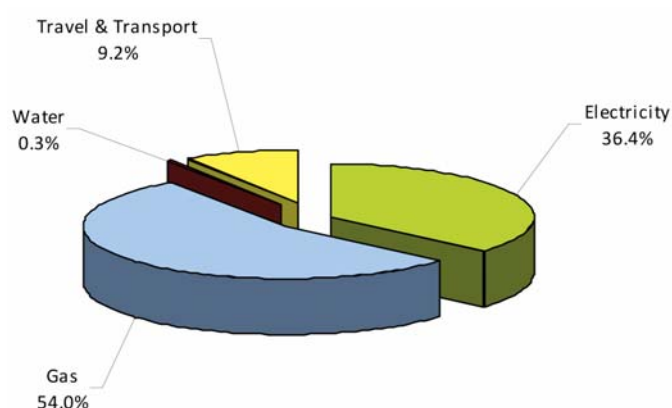
Adopting more sustainable working practices directly supports our Trust's strategic objectives, in particular to drive productivity and efficiency, as well as our ambition to become a Foundation Trust.

#### Sustainable Development at East Sussex Healthcare NHS Trust

In order to deliver healthcare services the Trust is a significant user of energy and water and producer of waste.

It also undertakes transport of Trust staff and patients and purchases a large range of medical and other equipment and services. All of these activities generate CO<sub>2</sub> (carbon dioxide) emissions and can be collectively summarised as our organisational carbon footprint.

The carbon footprint baseline (for 2011/2012) for our Trust is 18,618 tonnes CO<sub>2</sub> emissions. This is broken down as follows:



## Section 3 - How we are performing

Emission source	CO <sub>2</sub> emissions (tonnes)	Commentary
Electricity	6,779	From powering the Trust's buildings, e.g. lighting, medical devices, IT equipment and air conditioning, etc.
Gas	10,062	From heating Trust buildings, driving the Combined Heat and Power (CHP) system at Eastbourne DGH and raising steam.
Transport	1,717	From the Trust's fleet vehicles and business mileage. Does not include taxi use, staff commuting or patient/visitor travel.
Water	60	From the use of water across the Trust. Distributing and processing water and waste water generates CO <sub>2</sub> emissions.
<b>Total</b>	<b>18,618</b>	<b>Total carbon footprint the Trust</b>

Approximately 60% of the NHS's carbon footprint is related to the procurement of goods and services. There is currently insufficient data to derive an accurate calculation of the contribution of our Trust's supply chain activities to the overall carbon baseline. However, we are committed to working with our suppliers to better understand the environmental impacts of our procurement decisions and find ways of reducing these impacts.

Our operations also produce waste which needs to be disposed of. During the 2012/13 financial year a total of 1,819 tonnes of waste was generated from the Trust's acute activities. Approximately 15% of this waste was recycled.

### What are we doing to become more sustainable?

We are committed to reducing our environmental impacts in order to become a more sustainable healthcare provider. To demonstrate that commitment we are writing a Sustainable Development Management Plan (SDMP) which will set out how we will reduce our carbon footprint by 10% by 2015, against the 2011/2012 baseline.

This is in line with the NHS's overall CO<sub>2</sub> reduction target and will mean an annual reduction of over 1,800 tonnes CO<sub>2</sub> per annum. We will achieve this by using energy more efficiently, reducing water consumption and implementing green travel initiatives to reduce our transport emissions.

We will also commit to achieving zero waste to landfill by 2015 through better waste segregation, increased recycling and finding more innovative disposal routes for non-recyclable wastes.

### Our forward plans for 2013/2014

- We plan to appoint an Energy Partner during 2013, which will help us deliver major reductions in energy consumption across our two main acute sites. We anticipate that this project will result in over £500,000 cost savings per annum from reduced utilities consumption. It will also deliver major CO<sub>2</sub> reductions.
- We will finalise our Sustainable Development Management Plan (SDMP) and submit it for Board approval. The SDMP will consolidate all existing environmental initiatives and support the delivery of our key environmental objectives. The SDMP will be aligned with our clinical strategy and its corporate mission to continuously improve outcomes for our patients.
- We will develop effective governance arrangements to ensure successful delivery of our SDMP, including the establishment of a multi-functional Sustainability Action Group, regular Board reporting of progress towards targets and the inclusion of sustainable development goals in the job descriptions for all senior staff.
- We will develop a new, Trust-wide staff engagement programme to raise awareness of the SDMP and implement leadership initiatives for sustainability.
- We will develop a Climate Change Adaptation plan to ensure that we are aware of and prepared for the impacts of a changing climate on our estate, services and wider operations.

## Section 4 - highlights of the year

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### New CT Scanner for Conquest Hospital

Conquest Hospital took delivery of a second CT scanner which will help the hospital to reduce waiting times for patients. The three ton machine uses state-of-the-art technology to enable staff to take detailed x-ray images inside the human body.

CT, or computed tomography, combines X-rays and computers to produce detailed, cross-sectional images of internal structures of the body, helping doctors diagnose disease and assess traumatic injury. The scanners are a kind of special rotating x-ray machine which is used to diagnose many different conditions including cancers, kidney stones, blood clots on the lungs and the damage done by traumatic accidents.

The benefit for patients is that the new machine uses the latest technology and enables a very large number of detailed images of what is happening inside a person's body to be taken very quickly and safely. It can scan most of the organs in one rotation with significantly less radiation for the patient.

### Building work to improve Lewes Victoria Hospital

The Trust undertook a programme of work to improve Lewes Victoria Hospital with the renewal of large sections of flat roof coverings and insulation and an upgrading of the ventilation systems.

The work took over five months to complete and was done in phases to minimise any disruption. This work will ensure the hospital building is fit-for-purpose for the next 10 to 15 years.

### Matrons are back on the wards

**Matrons returned to hospital wards at the Trust. Members of staff who previously held the roles of ward sisters, ward managers and charge nurses were appointed as "ward matrons" to reflect a new role within inpatient ward areas.**

They have more responsibility on the ward, overseeing the day-to-day running of their clinical area to ensure the highest standards of care, privacy, dignity and respect on all our wards are maintained at all times.

### New machine to help heart patients

The Cardiology Department at Conquest Hospital became one of the first in the country to use a high-tech machine that helps the recovery of heart attack patients.

The new piece of equipment measures platelets reactivity in the bloodstream of a person who has had a heart attack which allows the doctors to treat them with the correct medication to reduce the clotting of the blood. The machine was kindly donated by local Freemasons.

### Development of Neighbourhood Support Teams

**We have developed Neighbourhood Support Teams by joining community nursing and Adult Social Care teams.**

These new teams have helped break down previous referral boundaries to provide health and social care support in the community and reduce admissions to hospital. Neighbourhood Support Teams put patients right in the centre of joint decision making on where and how to best manage their health and social care needs.

### Trust Improves care of Dementia Patients

**The Trust has introduced a number of initiatives to help enhance the experience of patients with dementia while they are in hospital.**

These include providing more training for staff, having specialists in dementia care and appointing 'dementia champions' in every ward and department. These 'champions' are members of staff who undertake special training to build their knowledge and skills and equip them to care for people with dementia. They then teach these skills to their colleagues.

Dementia is a common condition that is associated with an ongoing decline of the brain, affecting such things as memory, language, understanding and judgement and can manifest in both cognitive and functional abilities, such as fastening buttons. There are currently 570,000 people living with dementia in England and the number is expected to double over the next 30 years.

## Section 4 - highlights of the year

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One example of the work the Trust has done to improve the care for dementia patients is the creation of a Bus Stop on MacDonald Ward at Conquest Hospital. The bus stop is a replica of bus stops that are found across the local area and helps if patients become disorientated on the ward.

Research has shown that patients living with dementia can become disorientated at times due to the deterioration of their short-term memory, but because their long-term memory is still active they are aware that waiting at the bus stop sign will help them to get where they want to go.

Patients who are suffering periods of confusion are kept safe because they are often happy to wait at the bus stop rather than becoming agitated whilst in an unfamiliar environment.

### New high-tech system improves care for stroke patients

**A new high-tech telemedicine system was introduced to enable stroke patients to be assessed and treated by specialist consultants 24-hours a day.**

This enables quick clinical decisions to be made which not only saves time but also can save lives.

The telemedicine system uses high definition video camera and television to allow stroke consultants to make potential life-saving decisions about the treatment of patients, even when they are not present in the hospital. The system allows the doctor to talk to patients using video and audio links and view scans from a lap-top.

### New image system to improve efficiency for patients

**The Trust is teaming up with other hospitals across the region to upgrade our Picture Archiving and Communication System (PACS).**

This will be installed in 2013 and will allow the Trust's hospitals to share radiology images such as X-rays and scans with other hospitals across Sussex and Surrey.

The PACS is a specialist imaging technology that electronically provides access to a patient's medical images and information. It is used to

store and review images such as x-rays, MRI and CT scans and provides a secure network for the transmission of patient information. The new enhanced system enables patients to be referred or transferred for treatment between the Trusts, without delays in obtaining their images and information.

### New state-of-the-art ultrasound scanning for Crowborough Hospital

**A new state-of-the-art ultrasound scanner for Crowborough Hospital has been provided thanks to funding from the Friends of Crowborough Hospital.**

It provides high quality diagnostic scans closer to the homes of local patients. The new scanner provides images of high clarity and resolution which enable a wide range of examinations and scanning services to be delivered at Crowborough.

### Improved service for children's hearing

**An audiology service dedicated to providing hearing assessments and ongoing care for children was re-launched across East Sussex.**

The service, run by a small and dedicated specialist team, provides an integrated screening, diagnostic and treatment service for babies and children with hearing difficulties up to the age of 17 years making it more family friendly and easier to access.

### New electronic system improves care for ICU patients

**A new computerised information system was installed at both Conquest Hospital and Eastbourne DGH to improve the treatment of critically ill patients.**

The system allows information to be available at the click of a button at the bedside of every patient in the Intensive Care Unit (ICU) and the High Dependency Unit (HDU).

Caring for intensive care patients creates a large amount of data, which is vital in clinical decision making. Previously, data was recorded manually by pen and paper which was time-consuming for

## Section 4 - highlights of the year

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nursing staff and was more vulnerable to human error. The new system records, integrates and analyses the data electronically, making the process quicker, easier to use and more accurate.

The system was funded by generous donations from the League of Friends of Bexhill Hospital and the Friends of the Eastbourne Hospitals.

### Programme recognised nationally for helping people with diabetes

**The Trust's diabetes specialist team has been recognised at a prestigious national event for an education programme that helps people with Type 1 diabetes.**

SADIE, which stands for Skills for Adjusting Diet and Insulin in East Sussex, was first developed by the Eastbourne diabetes specialist team in 2004. It is a five-day course run by the Trust in Bexhill and Eastbourne and provides education to empower people to confidently manage their diabetes more effectively.

There is significant evidence showing that people who attend the course have improved their quality of life and improved their health.

### International award for Eastbourne gym

**Activate, a gym used by people with disabilities, situated within Chaseley, Eastbourne, has been recognised with an international award.**

The gym won the "Partnership in the area of health and social care" category at The Rehab Group Innovation Awards 2012.

The annual awards recognise examples of best practice, improvement or creativity and highlight new and improved services. Activate, accessible for wheelchair users, is the only gym of its kind in the Eastbourne area and operates under the umbrella of the Therapy Department at Chaseley which is staffed through a partnership with the Trust.

Equipment includes 'multi-gyms' for full upper body strengthening workouts, a supported cross trainer and cycle machines for upper and lower limb workouts. Under the guidance of a principle gym instructor individuals are assessed and receive a full induction programme before a tailor-made package is designed to meet their requirements.

### National recognition for pharmacy project

**The introduction of an innovative electronic system by the Pharmacy Department at the Trust was shortlisted for a national award.**

Electronic hand-held tablets, introduced last year, can be taken out to the wards by pharmacy staff at Eastbourne DGH and Conquest Hospital and allow them to check and confirm the medication that a patient is taking and order the drugs that have been requested.

Using the devices, pharmacy staff can talk to the patient about their medicines, check the medication a patient has been prescribed by their GP and what they've been prescribed in hospital while sat at the patient's bedside. They can also see what medication a patient has been prescribed on previous stays in hospital.

### Work continues on new Endoscopy Unit

**Work has continued on a new state-of-the-art Endoscopy Unit at Eastbourne General Hospital.**

The unit will increase the number of treatment rooms from two to three and will allow more patients to be seen, improve the privacy and dignity of patients and enable the Endoscopy Department to become a bowel cancer screening unit.

### Campaign to recruit more Health Visitors

**Local nurses and midwives have been encouraged to consider becoming a Health Visitor as part of a national campaign.**

More Health Visitors are needed to help deliver their key role in local healthcare.

Health Visitors are trained to provide public health nursing within the local community and are experts in family health services. They work mainly with families and children aged 0 to 5 years old to ensure they get the best possible start for a healthy future. They provide specialist advice and support to parents, which are key to promoting a child's development and future well-being.

# Section 5 - patient safety and quality

## Patient safety and quality

The Trust has placed great emphasis on improving the quality of care for our patients and we are continuously striving to improve the standards and safety of the care we deliver.

We see and treat thousands of people in our hospitals and through our services in the community each year. Improving quality makes our services safer, more clinically effective and patient focussed.

Key quality indicators have been developed and these are regularly reviewed at divisional meetings, Clinical Management Executive, Quality and Standards Committee and Trust Board. This enables staff at various levels of the organisation to be appraised of the progress achieved against agreed targets and to ensure that compliance is continuously monitored.

The Trust has published its Quality Accounts for 2012/13. This is an annual document which outlines some of the many achievements made by the Trust over the past year. A full copy of the Quality Accounts for 2012/13 can be obtained via the Trust website [www.esht.nhs.uk](http://www.esht.nhs.uk).

We have a Clinical Governance framework in place which provides a mechanism to assist with the delivery of good practice against national standards and to facilitate continuous monitoring of performance to support ongoing improvements in patient safety and quality.

## Review of quality performance

In last year's Quality Account we identified ten areas for improvement under three headings of Patient Safety, Clinical Effectiveness and Patient Experience.

During the year we have made the following progress against targets set for each of the ten areas:

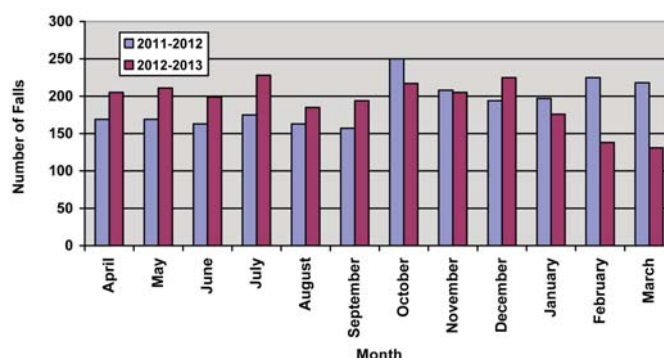
## Patient safety

To reduce the number of patient falls by at least 10% across the Trust (against a baseline of 2011/12) and evidence that a minimum of 95% of adult inpatients have a falls risk assessment completed upon admission.

The NHS National Patient Safety Agency (NPSA) has identified that there were 257,679 falls reported nationally in the year ending March 2009 and estimated that about 1,000 patient falls a year result in a fracture(s).

A significant number of falls result in death or severe / moderate injury. Reducing patient falls and any resulting harm was a high priority for the Trust in 2012/13 and will continue to be a focus throughout 2013/14 as a Commissioning for Quality and Innovation (CQUIN) target through the Patient Safety Thermometer.

### Total number of Falls recorded on Datix during 2011/12 and 2012/13



	2011/12	2012/13
Total number of falls	2288	2314

Communication has taken place throughout the year to increase the awareness of the requirement to report falls on our datix system.

This has led to an increase in the number of falls reported and is a contributory factor in the Trust not fully meeting the target set during 2012/2013 (a 10% reduction in the total number of falls). We will continue with our work on falls avoidance as outlined in this section.

We are able to demonstrate that we have achieved the second part of this quality improvement priority - 96% of our 2012/2013

## Section 5 - patient safety and quality

adult inpatients underwent a falls risk assessment upon admission (our target was to achieve 95%).

A falls action plan has been developed and agreed by both the Trust's Patient Safety and Clinical Improvements Group and the PCT's Clinical Quality Review Group. The plan includes a focus on identifying whether or specific groups of patients are more at risk of falls and outlines future work that will be undertaken with dementia patients and those whom may require special observations.

A Falls Action Group is being set up to build on the existing engagement of medical, therapy and nursing staff and look at the impact of falls across both the community and the acute area.

Part of the group's work will be to review any falls that result in harm ensuring lessons are learnt and actions are taken that can be shown to result in improvements in care.

All falls are now recorded on a web-based system called DatixWeb, allowing for more dynamic reporting and informing rapid action.

Trust policy is for falls risk assessments to be undertaken on all patients. Weekly ward-level audits of documentation take place across the Trust - these audits include measuring the completion of falls risk assessments for all patients.

Performance against this key indicator is discussed with the ward matron at monthly ward performance reviews.

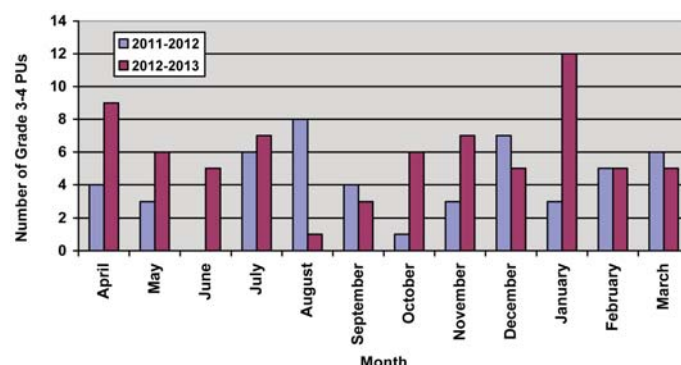
Significant progress has been made in the education, training and clinical support of staff who deliver care, including the development of an e-learning training package.

The Trust has an organisational plan in place to support the delivery of both improved clinical documentation as well as educational programmes. Workshops have been set up across the Trust to include both community and acute staff.

**Evidencing a reduction in the number of inpatient hospital acquired pressure ulcers of grade 3 and 4 by 25% against baseline data from 2011/12.**

Reducing and preventing healthcare acquired pressure ulcers is a key national target.

**Total number of Grade 3 – 4 Pressure Ulcers recorded on Datix during 2011/12 and 2012/13**



	2011/12	2012/13
<b>Total number of Grade 3-4 pressure ulcers</b>	<b>50</b>	<b>71</b>

Across the organisation the Trust has raised awareness of reporting requirements for pressure ulcers and we believe the subsequent increased reporting is a significant contributory factor in the Trust not fully meeting the target set during 2012/2013 (a 25% reduction in the total number of inpatient hospital acquired pressure ulcers of grade 3 and 4).

To help reduce pressure ulcers, we have delivered a training package across the organisation with a focus on the grading of pressure ulcers.

We have also agreed an integrated policy between the community and acute areas on pressure ulcer management and we are part of the new Sussex wide Tissue Viability Network.

The clinical areas collect pressure ulcer data locally and the ward matrons are measured on this indicator through the ward performance reviews which occur monthly. At this point they discuss the issues and the impact on the patients, along with necessary actions.

All grade 3 and 4 pressure ulcers are reported as Serious Incidents and also have a Safeguarding Adult Alert raised. As part of this the organisation then reviews through the Serious Incident process the subsequent Root Cause Analysis and actions.

**Ensuring that as a minimum, 95% of patients admitted to hospital have evidence that their mental capacity was reviewed during the**

## Section 5 - patient safety and quality

**admission process, and where indicated, the appropriate care plan for adults lacking capacity would be implemented to ensure the delivery of appropriate personalised care to the patient.**

The Trust included Consent and Mental Capacity as a 2012/13 priority in order to establish adherence to the principle of best practice and best interest, ensuring that all clinical decisions made are patient centred and within the legal framework of the Mental Capacity Act.

Our sample demonstrated that 93% had their mental capacity considered at the time of admission/assessment.

During the year there were a number of initiatives to support the care of those who lack mental capacity including:

- An ongoing and developing education programme within the Trust.
- Initiatives regarding the care of those living with dementia, learning disabilities and other conditions that may affect mental capacity.
- Scrutiny of concerns and issues both within the organisation and externally through mechanisms such as Safeguarding alerts, Consent and Clinical Ethics Committee and Serious Incident investigation.

### Clinical effectiveness

**The Trust has worked towards improving clinical effectiveness in three specific areas:**

- End of Life Care
- Dementia Care
- Stroke Care

The following sections show what we achieved in these areas against the targets we set.

#### End of Life Care

**Caring for vulnerable patients by continuing to improve the quality of end of life care by ensuring that 80% of patients who have an expected death in 2012/13 are placed on the Liverpool Care Pathway (as appropriate).**

End of Life Care (EOLC) refers to the care delivered to patients approaching death or in the final year of their lives. It is the responsibility of all healthcare organisations and clinicians to ensure that they have the skills, knowledge and

resources to provide high quality EOLC. EOLC has become increasingly important nationally in the face of an ageing population and locally, where we have a larger than average elderly population.

It is anticipated that patients will be less able to rely on family support to remain at home and more patients in the future will rely on the health care system for their EOLC. Good EOLC should enable the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement.

Based on the current figures available, approximately 50% of patients who had an expected death during 2012/13 were placed on the Liverpool Care Pathway.

This has been a particularly challenging target as adverse news reporting during the late summer and autumn resulted in many patients and families not wishing to use the Liverpool Care Pathway. A programme of education is being put in place to help advise patients on the benefits of the pathway.

During the year we:

- Set up an End of Life Care (EOLC) Group chaired by the Medical Director.
- Introduced a new Morbidity and Mortality policy with a grading system for deaths looking specifically at avoidable mortality and a Death Notification Policy.
- Two EOLC Facilitators have been recruited who will ensure this work is prioritised.
- Further training is being delivered to ensure that more acute and community nurses are able to verify expected deaths - this is being organised by an appointed Consultant Nurse.

#### Dementia care

**Caring for vulnerable dementia patients by ensuring that 90% of patients aged 75 and over have a dementia screening assessment and dementia risk assessment. Also ensuring that 90% of patients identified as at risk of having dementia have a referral to an appropriate specialist diagnosis.**

The Trust chose this priority in view of East Sussex's large elderly population, it is essential that our patient care follows the best practice guidelines, as specified within the National

## Section 5 - patient safety and quality

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Dementia Strategy and the NICE Quality Standard for Dementia care. Nationally, it is generally noted that admission to a general hospital ward is a time of high risk for people with dementia.

It can lead to worsening of the condition and poor outcomes in general. People with dementia in general hospitals have worse outcomes in terms of length of stay, mortality and institutionalisation.

During the year, the profile of dementia screening has been raised across the organisation. However, capture of electronic data sets was not possible until December 2012. The data capture process is hindered somewhat by a two stepped process, whereby the Doctors undertake the screening and ward clerks input onto the Patient Administration System.

This has resulted in early compliance of 18.9% in January and 21.1% in February 2013. Figures have not yet been returned by the PCTs or Clinical Commissioning Groups of the uptake of onward referral by the hospital to GPs for comprehensive assessment by the newly commissioned Memory Assessment Services.

Memory assessment services ensure an integrated approach to the care of people with dementia and the support of their carers. Delivered in partnership with local healthcare, social care and voluntary organisations, they have been shown to significantly improve the quality of life for carers and people with dementia.

The improvements we made during the year include:

### **New dementia pathways**

The Trust is currently undertaking a range of projects in order to enhance the quality of care for people with dementia in acute and community settings. The key objective is to introduce new dementia pathways that provide timely, comprehensive and multidisciplinary care and increase quality.

The delivery of these pathways will be supported by re-focusing learning and development programmes, and by working with key partners to ensure that all aspects of the pathway are fully integrated and cost effective. Work is ongoing to engage relevant staff groups, share best practice and make any necessary environmental changes.

### **Environment and care**

There is a wealth of evidence highlighting the impact of the hospital setting in increasing disorientation and distress for people with dementia. Work-streams are in place to address this, and work is already underway or completed in several areas.

One ward, MacDonald at Conquest Hospital, is becoming an exemplar, practice development unit with expertise on improving the care environment for people with dementia. A 'bus stop' has been created on the ward to aid with the care of patients with dementia and minimise their disorientation.

A second ward has been redesigned and repainted in contrasting colours that support those with dementia with their orientation and depth perception.

Other small scale but significant advances, such as the introduction of memory or rummage boxes have enabled people to undertake occupational activities or reminiscence whilst they are in hospital. People with dementia can often remember the distant past more easily than recent events. The rummage box can be made of a shoe box, a biscuit tin, a drawer or even a whole room filled with familiar objects is a means of tapping into memories from the past and helps people with dementia feel empowered and secure in a familiar environment.

### **Dementia Care Champions**

70 multi-professional Trust staff have completed a six day university module to become dementia care champions within wards and service departments, increasing their knowledge and skills for delivering person centred dementia care. Some of the work produced has been acknowledged by the Department of Health, and is being entered for poster competitions at the Royal College of Psychiatrists' July 2013 National Audit of Dementia conference in London.

### **Stroke Care**

A stroke happens when the blood supply to part of the brain is cut off and brain cells are damaged or die. Our goal is to ensure that the care delivered for stroke patients follows best practice guidance. We will strive to ensure compliance with NICE quality statements, in line with the NICE Quality Standard for Stroke Care. We want to:

## Section 5 - patient safety and quality

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**Care for vulnerable patients by ensuring 100% of stroke patients are swallowing screened by a trained nurse / Health Care Assistant within four hours of admission to hospital, before being given any oral food, fluid or medication, and that they have an ongoing management plan for the provision of adequate nutrition.**

A programme of dysphagia (swallowing problems) training was set up for nurses to access throughout the year.

Due to staffing difficulties within the Speech and Language Therapy service, this programme has not yet become a rolling programme as initially planned, however, with the implementation of the Clinical Strategy for Stroke (increasing staffing levels); a rolling programme of dysphagia training for all trained nurses should be available shortly.

Data for patients assessed within four hours of admission to hospital will eventually be available via the Sentinel Stroke National Audit Programme (SSNAP), unfortunately the Trust does not yet have access to this information since the audit is still in its infancy.

**Ensuring 100% of stroke patients are assessed and managed by stroke nursing staff and a referral is made to at least one member of the specialist rehabilitation team within 24 hours of admission to hospital, and by all relevant members of the specialist rehabilitation team within 72 hours, with documented multidisciplinary goals agreed within five days.**

Unfortunately the Trust has been unable to meet this target due to a lack of staff capacity stemming from a difficulty in recruiting stroke therapy staff when vacancies occur. Currently, we have sufficient therapy staff to provide care five days per week - this target should be achievable in the future in accordance with the business case specified as part of the Trust's Clinical Strategy for Stroke which consolidates staff on one site enabling them to provide care for seven days a week.

Stroke patients are assessed on admission by an appropriately trained stroke nurse; this nurse has extended assessment skills and is able to request CT scans for patients with stroke symptoms. The stroke pathway has ensured that all patients with stroke symptoms are promptly reviewed and transferred to a stroke unit.

The stroke specialist nurse also visits the inpatient wards to provide assessments for patients who have developed new stroke symptoms during their in-patient episode. All stroke patients are referred to the specialist rehabilitation team, however for patients admitted over the weekend, the rehabilitation assessment will be accepted on the next working day. All patients are assessed by the specialist rehabilitation team within 72hrs.

**We will investigate the feasibility of what is required in order to ensure that 100% of stroke patients are offered a minimum of 45 minutes of each active therapy that is required, for a minimum of five days a week at a level that enables the patient to meet their rehab goals.**

The Trust has investigated the feasibility of providing 45 minutes of each therapy and this is pivotal to the introduction of the new Stroke Model of Care which will be adopted within the planned single site stroke unit.

In addition 23 nurses have been trained to perform swallow assessments for stroke patients. Following an intense training programme, it is aimed to have at least one swallow trained nurse on duty to ensure swallow screening is completed for all stroke patients within four hours of admission.

### **Patient Experience**

To provide personalised, dignified, respectful and compassionate care by ensuring that 90% of patient centred care plans are responsive to individual patient preferences, needs and values.

We are committed to putting the patient and their experience at the heart of quality improvement. This measure is about making sure that inpatients understand what the plans are for their care - it is important that we ensure that care planning is explained to patients in a way that they can understand and, where possible, that the plans are co-designed with the patient. This is then personalised to their needs with their individual preferences and values taken into account and documented within the patient's records.

During 2012/13 we are able to demonstrate that we have achieved this quality improvement priority - 98% of patient centered care plans were responsive to individual patient preferences, needs and values.

## Section 5 - patient safety and quality

In 2012/13 considerable developments have been made with respect to the personalisation of care across the organisation, implemented methods include: observations of care, Divisional Challenge sessions, Quality initiatives and the Quality Turnaround Group.

Additional focus is being given to support staff in delivering person centred care and how they document the care they have provided. A training package with prompts for care plans has been introduced along with supervision for staff in clinical areas to review their record keeping.

'At a Glance' care plans have been developed and are now part of the process of documenting care within the records of patients. To support staff in delivering person centred care and in documenting the care they have provided, a training package with prompts for care plans has been introduced along with supervision for staff in clinical areas to review their record keeping.

**Ensuring that patients are fully engaged in their care and understand the reasons why a particular treatment or course of action is being proposed. Specifically that at least 95% of the patients surveyed attending an outpatient consultation throughout 2012/13 leave the clinic feeling fully informed, and understand reasons for suggested courses of action or treatment.**

We chose this priority because the recent National Outpatient Survey 2011 published by the CQC, showed the Trust within the bottom 20% of trusts when asked, "Did the doctor explain any reasons or action in a way that you could understand?"

During 2012/13 the Trust developed a survey which would be used to determine whether patients left their outpatient appointment feeling fully informed and understood the reasons for any suggested courses of action or treatment. We piloted this survey and then rolled it out to outpatient clinics across the Trust. The percentage of patients who responded "Yes definitely" to the survey question, "Did the doctor explain the reasons for any treatment/action in a way that you could understand?" was 99.5%.

In summary we can conclude that at least 99% of patients surveyed stated that they felt fully informed and understood any reasons for treatment and/or action.

We have implemented a new way of gathering patient experience across the Trust. From March 2013, all adult ward areas and A&E departments will have an electronic device that patients, or their relatives and carers, can use to give us their feedback.

There are also patient feedback points in the main reception areas of Conquest Hospital and Eastbourne District General Hospital. These electronic devices will enable us to be more responsive to feedback and concerns.

The feedback will be available to the ward and service area almost immediately, it is also a very useful way to provide feedback to staff where praise and compliments have been given.

This new system will be used for the Friends and Family Test. This is a simple question "How likely are you to recommend our (ward or A&E department) to friends and family if they needed similar care or treatment?" which everyone over the age of 18 who has either been admitted to hospital or attended one of our emergency departments will be given the opportunity to answer.

The Department of Health is requesting that all hospitals across the country ask this question, results will then be provided directly to the public in the form of a league table. The Trust started to pilot the Friends and Family Test in July 2012, on average our net promoter score has been a very encouraging.

### Patient safety and quality in 2013/14

During 2013/14 we will be looking to make improvements in the following areas.

#### Patient Safety

Ensuring that safety always comes first within our organisation, our priority will focus on:

- Patient Safety Thermometer (maintaining Harm Free Care at 90% and above)
- Releasing Time to Care: The Productive Community Series

#### Clinical Effectiveness

Caring for vulnerable patients by:

- Consistently provide high quality patient care in line with identified best practice and evaluate the quality of our clinical care and outcomes.
- Our priority will be to focus on cardiology.

## Section 5 - patient safety and quality

### Patient experience

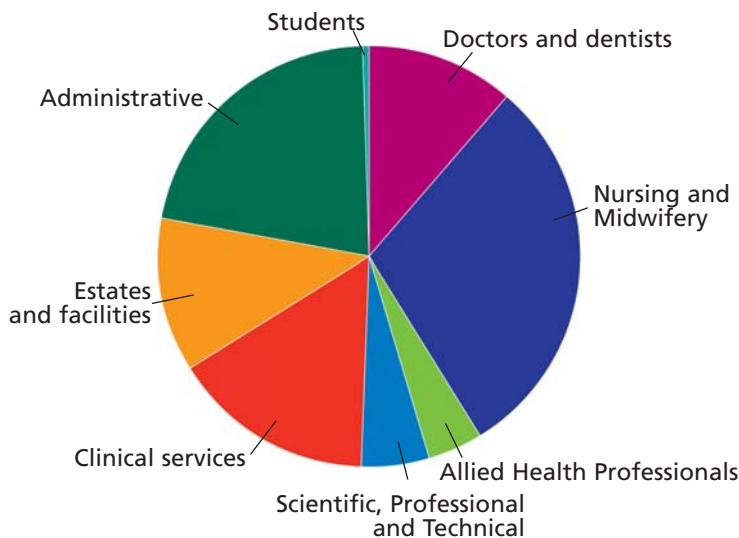
To provide personalised, dignified, respectful and compassionate care by:

- Improving our communication with our patients and their carers and listening, acting upon and being responsive to the feedback we receive from them
- Our priority will be to focus on:
  - The implementation of our Patient Experience Strategy
  - Children and younger people.



### Our staff

The Trust's workforce at the end of year consisted of 7,155 members of staff (6,041 full time equivalents) from a wide range of professions, all of whom are key members of our team.



#### Key facts:

- 9.3% of our staff are doctors or dentists.
- 31.9% are qualified nurses or midwives.
- 6.8% are qualified health professionals, including physiotherapists, radiographers and orthoptists.
- 5.8% are scientific, professional and technical staff - pharmacists, audiologists, cardiographers, optometrists and pathology staff.
- 14.1% are nursing healthcare assistants, operating department practitioners, pharmacy, radiography and physiotherapy assistants and nursery staff.
- 10.9% are estates and facilities staff providing hospital maintenance, housekeeping, catering and portering.
- 1.0% are students (nurses, health visitors, midwives and physiotherapy).
- 20.2% are administrative staff including ward and clinic clerks, medical secretaries, medical records staff, administration and management staff.

The Trust is also supported by around 1,200 volunteers who generously give their time and raise valuable funds for us to help provide the best possible service.

### Staff development

During 2012/13, we commissioned a Leadership Development Programme for our clinical unit teams and senior corporate managers.

This programme, called Leading for Success, has engaged clinicians and managers in a series of skills development workshops supported by action learning sets, master classes and coaching.

Feedback on the programme so far has been very positive and we will be building on this development during 2013/14.

Working with the Director of Nursing we ran a number of workshops with Ward Matrons during 2012/13 which proved a great success. Ward Matrons reviewed the job description to ensure it reflected the key responsibilities that are important to lead a clinical team.

They also identified areas that needed to be improved and changed and many are now leading these changes in a positive and proactive way.

To ensure we continue to develop the Ward Matrons and other clinical leaders of the future, the Trust will be launching the RCN Clinical Leadership Programme in May 2013.

This programme will give participants the opportunity to develop their leadership skills through a combination of taught sessions, action learning sets, patient observations, job shadowing and mentoring.

New initiatives have also been developed in relation to staff engagement. In May 2012, the Trust joined the national Listening into Action programme.

Listening into Action is a new way of working to engage staff and support them in making changes to their own work area, making improvements for both staff and patients.

The difference that Listening into Action is starting to make is reflected in our survey results, and the progress around staff feeling more engaged, empowered and able to deliver better care in a more supportive environment is really encouraging.

We will be continuing with this programme during 2013/14.

## Section 6 - our staff

In addition to this, we launched our new Staff Forums which are held quarterly. These forums give new staff the opportunity to meet with Chief Executive and/or other Directors, and to also feed back their views on the organisation and suggestions for improvements.

### Staff survey

**There are a number of areas where the Trust has made improvements since last year.**

These include the percentage of staff who would recommend the Trust as a place to work or receive treatment, the number of staff who have had an appraisal in the last 12 months, job satisfaction amongst staff and a reduction in staff working extra hours.

In addition, the results for the number of staff reporting errors, near misses or incidents in the last month and experiencing physical violence from staff in the last 12 months put us in the top 20% of trusts nationally.

However, we know there are a number of areas where we still need to make improvements, and work to identify the areas we need to focus on is now underway. We will be working with staff throughout the organisation to ensure that the improvements we identify are then implemented.

Although there is more to do we should not lose sight of the fact that this year's results show improvements in a number of key areas and we think this is further evidence of the progress we are making as an organisation.

### Staff productivity

**We have continued with the implementation of our new e-rostering system during 2012/13.**

We have expanded the remit of this project to include all our community services and potentially a number of non-clinical services. Implementation of the project will therefore continue during 2013. Ultimately we expect this project to deliver benefits in relation to more efficient planning and rostering of staff, as well as capturing real time information in relation to staff absence.

### Looking after our staff

**Promoting and enabling the good health and wellbeing of all staff in our Trust is a key aspect of maintaining the high quality of services we deliver to patients.**

The Trust's Occupational Health Service plays a pivotal role in this. The department supports staff and managers and is involved in consultations addressing Management Referrals, Health Surveillance and appointments for immunisations and vaccination status.

On top of this service the department also provides an essential support programme through our Counselling and Psychology services to staff.

The service continues to actively promote good physical and psychological health at work and engages with staff to this end. They delivered a number of events through the year to staff in the acute hospital and community locations bringing together health professionals from a wide range of disciplines to highlight and promote health issues whilst offering advice, guidance and support.

This programme will continue and plans to expand this to further impact the positive effect staff can have on patient experience are in place for 2013/14.

In order to provide a broader and growing support network for staff, the Trust is aware that increasing numbers of staff have carers' responsibilities which can be demanding, complex and stressful.

The Child and Family Care Support Network provides support, advice and information for staff to help them manage both their work and home life commitments. This can greatly reduce the stresses faced by staff and enable them to continue to perform effectively at work.

The Trust provides in-house childcare facilities in the form of on-site full daycare nurseries at our two Acute Hospital sites as well as holiday play schemes and also offers Childcare vouchers and Flexible Payment schemes and Childcare discounts at many settings within the geographical area.

Both on-site provisions have a rating from

Ofsted of 'good' with many aspects of 'outstanding' practice. In 2012 both nurseries received a 5 star rating from their Environmental Health Inspections and 100% in Health and Safety audits carried out by the Trust assurance team.

### Staff achievements

**During the year some of our staff were recognised for their achievements.**

**National recognition for Gastroenterology Nurse**  
Susannah Peters, Advanced Nurse Practitioner Gastroenterology at Conquest Hospital who works with patients with Inflammatory Bowel Disease (IBD) was named runner-up in the National IBD Nursing Awards.

IBD is the collective term for Crohn's Disease and Ulcerative Colitis, diseases of the bowel which can be debilitating and cannot be cured, so have to be managed. Susannah's role is to support and treat patients and be their first line of contact once diagnosed.

Susannah also works as a Nurse Endoscopist, which involves carrying out gastroscopies, (where a small camera is passed through the mouth to look inside the stomach), and flexible sigmoidoscopies (examination of the sigmoid colon).

**Honorary recognition for Trust photographer**  
Nick Taylor, Medical Photographer, has been granted honorary membership of the Royal College of Radiologists. Nick has provided high quality images over the last five years for one of the College's Fellowship exams. In the process, he has created a bank of over 500 case studies from which the examiners can now choose.

Several hundred consultant radiologists, based in the UK and around the world, sit the exam each year. This is a departure from Nick's usual work which sees him providing a comprehensive clinical and retinal photography service to the clinicians of the Trust – photographing patients on the wards, in theatre or in outpatients.

**Award for excellence in pharmacy training**  
Ben Clark, a senior pharmacist at the Trust has won an award for his contribution to the education of pharmacists in the South East Coast region. He was awarded the Specialty Schools Award for 2012 by the School of Pharmacy at

the NHS Postgraduate Deanery for Kent, Surrey and Sussex (KSS). Ben is responsible for the education and training of trainee pharmacists at both Conquest Hospital and Eastbourne District General Hospital.

**Recognition of the work by staff grade and associate specialist doctors**

An award ceremony was held to recognise the hard work and commitment of Staff Grade and Associate Specialists (SAS doctors) at the Trust.

These doctors are specialists in their field and the Trust is committed to their career and educational development. They are often described as the dependable backbone of the NHS medical workforce. Despite their contribution to patient services, they are sometimes not recognised for the vital role they play in delivering care to patients. These awards were an opportunity to congratulate them for their work.

**Our own Olympic and Paralympics heroes**

The Trust recognised eighteen of its staff who volunteered at either the Olympics or Paralympics London 2012. Staff worked in a range of roles in different venues, the majority in a role that used their clinical skills – this ranged from trackside medic in the Olympic stadium to being a nurse in the Great Ormond Street segment of the opening ceremony. All the volunteers worked at London 2012 in their own time taking annual leave to be part of the nation's summer of sport - some worked 16 hour shifts on occasion with two hours travel either side, but overwhelmingly they all had an experience of a lifetime that they would do again.

Trust Chairman, Stuart Welling said: "We are rightfully proud of our staff's contribution to the games of London 2012. The games makers played a massive part in making the Olympics and Paralympics the success they were. Without their commitment, and that of the other 60,000 volunteers, to give up their own time I am sure we would not be looking back on the summer of 2012 with the pride in which we do now."

**Emergency staff save a life – whilst on holiday!**

Five members of staff from the Emergency Department at Conquest Hospital have been honoured for the heroic act of saving a life. Amy Collis, Eileen Carter, Sandy Bruno (Senior

## Section 6 - our staff

Sisters), Tanya Winchester and Teresa Baker (receptionists) were each awarded a certificate of commendation from the Area Commander of Thames Valley Police for their role in saving a fellow holiday maker from drowning during a four day canal trip.

The dramatic moment came on day three of their annual trip on the Kennet and Avon canal when they met an older couple and agreed to help open a lock for their boat. During heavy wind and rain, the lady of the elderly couple fell overboard as she attempted to throw a rope. The Emergency Department staff spotted the problem, managed to pull the two boats together, get on board the couple's boat, hauled the lady back onboard and call the emergency services.

The certificate from Thames Valley Police said: "Your actions, and that of your colleagues, rescued a female from the canal. You showed true professionalism and compassion which is to be highly commended."

### **Prestigious honour for senior doctor**

A senior doctor at the Trust has been elected an honorary member of the national organisation that ensures excellence in training and delivery of resuscitation care.

Dr Harry Walmsley, a Consultant Anaesthetist and Divisional Director, has become only the 13th person nationally to be given the honour by the Resuscitation Council UK. The Council coordinates the running of all resuscitation courses nationally, writing the national guidelines and establishing and maintaining standards in resuscitation. Dr Walmsley has been an elected member of the Council since 1998 and was the treasurer for ten years until 2011.



## Celebrating our staff at our Trust Awards

### **In March 2013 we held our Staff Awards Ceremony.**

We revamped the awards ceremony to make it a more celebratory event. Those who won awards came from across the whole spectrum of services and demonstrated the variety of initiatives and excellent practice that are being taken forward. We were very pleased to receive sponsorship for our event from a number of local businesses, and we look forward to further developing this event during 2013.

Over 170 nominations were received for the eight categories and winners and finalists were chosen by panels of independent judges. The ninth category, the Chairman's Cup winner was chosen and presented by the Chairman, Stuart Welling.

The winner in each category was presented with a prize donated by local businesses for which we very much thank them.

The award category and winners were:

#### **Developing Excellent Services**

Harlands Ward, Uckfield Community Hospital

#### **Leadership**

Lesley Houston, Therapy Lead Urgent Care and Professional Lead for Dietetics

#### **Quality Improvement**

Laraine Sykes, Team Administrator

#### **Team of the Year**

Trauma Assisted Discharge Service (TADS)

#### **Using information to improve care**

Erwin Castro, Diabetes Specialist Nurse

#### **Working behind the scenes**

Maria Frost, Housekeeper

#### **Working in partnership with other agencies**

Peta Stirton, Advanced Community Nurse Practitioner

#### **Personal Development**

Carole Peters, Associate Practitioner

#### **Chairman's Cup**

Penny Walker, Ward Matron

### New consultants

The following are consultants appointed during 1st April 2012 to 31st March 2013:

**Dr Jayaram Pai**

Paediatrics, Conquest Hospital

**Mr Kashif Qureshi**

Ophthalmology, Conquest Hospital

**Dr Sunil Gupta**

Haematology, Conquest Hospital

**Dr Edward Pineles**

MAU, Conquest Hospital

**Dr Judy Holt**

Radiology, Conquest Hospital

**Dr Kerry Sleigh**

Histopathology, Conquest Hospital

**Dr Eleanor Giddings**

MAU, Conquest Hospital

**Dr Osei Kankam**

Respiratory Medicine, Conquest Hospital

**Dr Jessie Felton**

Dermatology, Eastbourne DGH

**Dr Neel Sharma**

Respiratory Medicine, Eastbourne DGH

**Dr David Till**

MAU, Eastbourne DGH

**Dr Petra Schnile**

MAU, Eastbourne DGH

**Mr Yash Gupta**

Emergency Department, Eastbourne DGH



### Staff fact file\*

As at 31st March 2013:

- Just over 79% of our staff were female.
- Over 41% working part-time.
- Over 37% of staff are over 50 years old.
- Over 3% of staff identified themselves as disabled and just under 1% identified themselves as either gay, lesbian or bisexual.
- Just over 11% of staff are from a black or minority ethnic (BME) origin. This compares to 14.6% nationally (England, 2011 Census) and just over 8.3% in East Sussex (December 2012).
- The Trust's annual sickness rate during the calendar year 2012 was 4.4% meaning the number of full time equivalent days lost to sickness was 97,618.

### Training tomorrow's professionals

The Trust continues to work closely with Brighton and Sussex Universities Medical School, King's College Hospital Medical School and Brighton University to train the next generation of healthcare professionals. Together we have over 350 medical students, about 300 nursing and midwifery students plus around 100 students from the allied health professions.

\*Source: Source: ESR (comparative ethnic info from 2011 Census and East Sussex in Figures).

## Section 6 - our staff

### Trust board

The Board of executive and non-executive directors manage the Trust, with the Chief Executive being responsible for the overall running of our healthcare services as the accountable officer.

Board members during 2012/13

Chairman
Stuart Welling
Chief Executive
Darren Grayson
Non-Executive Directors
Charles Ellis (appointed 01/04/12)
Stephenie Kennett ‡ (appointed 01/06/12)
James O'Sullivan †‡ (appointed 01/04/12)
Paul Roche †‡ (left 31/05/12)
Maurice Rumbold †
Ken Smith †‡
Barry Nealon (designate) (appointed 01/06/12)
Anjum Memon (associate) (appointed 15/10/12)
† member of the Remuneration Committee ‡ member of the Audit Committee
Executive Directors
Vanessa Harris (appointed interim 01/10/12, substantive 22/10/12) Director of Finance
Jane Hentley (left 31/12/12) Chief Nurse
Dr David Hughes Joint Medical Director
David Meikle (left 14/09/12) Director of Finance
Dr Andrew Slater (appointed 16/04/12) Joint Medical Director
Richard Sunley (appointed 01/04/12) Deputy Chief Executive/Chief Operating Officer
Alice Webster (appointed acting 01/05/12, substantive 29/08/12) Director of Nursing

Board members as of April 2013

Chairman
Stuart Welling
Chief Executive
Darren Grayson
Non-Executive Directors
Charles Ellis
Stephenie Kennett ‡
James O'Sullivan †‡
Maurice Rumbold †
Ken Smith †‡
Barry Nealon (designate)
Anjum Memon (associate)
† member of the Remuneration Committee ‡ member of the Audit Committee
Executive Directors
Vanessa Harris Director of Finance
Dr David Hughes Joint Medical Director
Dr Andrew Slater Joint Medical Director
Richard Sunley Chief Operating Officer and Deputy Chief Executive
Alice Webster Director of Nursing

The Trust exists to provide the best possible service to patients. It is our belief that clinicians should be at the forefront of managing and delivering day-to-day patient services.

We have three divisions, each headed by senior consultants. These divisional directors are not Trust Board members but are responsible for managing the delivery of care in each of these areas.

Each of the divisions are supported by senior nurses and midwives, general managers and lead clinicians.

<b>Dr Harry Walmsley</b> Divisional Director for Planned Care Division
<b>Dr James Wilkinson</b> Divisional Director for Urgent Care Division
<b>Mr Jamal Zaidi</b> Divisional Director for Integrated Care Division

## Attendance at board meetings

Attendance at board meetings - April 2012 to March 2013

Voting director	Number of Trust Board meetings attended out of 8 held in 2012/13
<b>Stuart Welling</b> Chairman	8
<b>Charles Ellis</b> Non-Executive Director	7
<b>Stephanie Kennett</b> Non-Executive Director	7
<b>James O'Sullivan</b> Non-Executive Director	8
<b>Paul Roche</b> (left 31/05/12) Non-Executive Director	0
<b>Maurice Rumbold</b> Non-Executive Director	7
<b>Ken Smith</b> Non-Executive Director	7
<b>Darren Grayson</b> Chief Executive	7
<b>Vanessa Harris</b> Director of Finance (appointed interim 01/10/12, substantive 22/10/12)	5
<b>Dr David Hughes</b> Joint Medical Director	6
<b>David Meikle</b> (left 14/09/12) Director of Finance and Performance	2
<b>Dr Andrew Slater</b> Joint Medical Director	8
<b>Richard Sunley</b> Deputy Chief Executive /Chief Operating Officer	8
<b>Alice Webster</b> Director of Nursing (appointed acting 01/05/12, substantive 29/08/12)	8

## Remuneration report

The Remuneration and Appointments Committee is a non-executive sub-committee of the Board and oversees the appointments of the Chief Executive and Executive Directors and agrees and reviews the Trust policies on the reward, performance, retention and pension matters for this group of staff.

The Committee is chaired by the Chairman of the Trust and has three of the Non Executive Directors as members who are appointed by the Chairman. The Chief Executive and Human Resources Director attend meetings in an advisory capacity except when issues relating to their own remuneration or terms and conditions are being discussed.

The Committee met five times between April 2012 and March 2013. All meetings were quorate and well attended by members. Terms of Reference were reviewed in June 2012 and updated to reflect the wider remit of the committee; to encompass senior medical managers and also to take account of the need for succession planning. This has been incorporated into the Committee's workplan.

The Remuneration and Appointments Committee, under delegated authority from the Trust Board, determines the appropriate remuneration and terms of service for the Chief Executive and Executive Directors having proper regard to national arrangements and guidance.

The Committee also advises on, and oversees, the appropriate contractual arrangements with the Chief Executive and Executive Directors, including the proper calculation and scrutiny of termination payments, taking account of national guidance as appropriate.

The remuneration rates are determined by taking into account national benchmarking and guidance in order to ensure fairness and proper regard to affordability and public scrutiny. The remuneration of the Chief Executive and Executive Directors is set at base salary only without any performance related pay. The appointment and remuneration of the Chairman and Non Executive Directors was undertaken nationally by the Appointments Commission in

## Section 6 - our staff

2012/13 with this responsibility passing to the NHS Trust Development Authority from April 1st 2013.

The Remuneration and Appointments Committee monitors the performance of Chief Executive and Executive Directors based on agreed performance objectives and the Chief Executive and the Executive Directors are, as part of their contract of employment, required to abide by the core standards of conduct contained in the Code of Conduct for NHS Managers published by the Department of Health in October 2002.

The Chair of the Committee draws to the Board's attention any issues that require disclosure to the full Board or require Executive action.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the Trust in the financial year 2012/13 was £170,000 to £175,000. This was seven times the median remuneration of the workforce, which was £24,100.

Name	Start date	Notice period	Leaving date
<b>Darren Grayson</b> Chief Executive	01/04/10	6 months	
<b>Jane Hentley</b> Chief Nurse	04/02/08	3 months	31/12/12
<b>Alice Webster</b> Director of Nursing	01/05/12	3 month	
<b>Richard Sunley</b> Chief Operating Officer/Deputy Chief Executive	01/04/12	6 months	
<b>David Hughes</b> Joint Medical Director	01/04/09	3 months	
<b>Andrew Slater</b> Joint Medical Director	16/04/12	3 months	
<b>David Meikle</b> Director of Finance	15/02/11	3 month	14/09/12
<b>Vanessa Harris</b> Director of Finance	22/10/12	6 months	

For statements on salary and pension benefits for all senior management who served during 2012/13, please see tables on pages 43 and 44.



## Salaries and allowances

	2012/13			2011/12		
	Salary (bands of £5000) £'000	Other remuneration (bands of £5000) £'000	Benefits in kind rounded to the £'00	Salary (bands of £5000) £'000	Other remuneration (bands of £5000) £'000	Benefits in kind rounded to the £'00
<b>Stuart Welling</b> Chairman	20-25	0	3	15-20	0	2
<b>Charles Ellis</b> (appointed 01/04/12) Non-Executive Director	5-10	0	0	0	0	0
<b>Stephanie Kennett</b> (appointed 01/06/12) Non-Executive Director	5-10	0	0	0	0	0
<b>James O'Sullivan</b> (appointed 01/04/12) Non-Executive Director	5-10	0	3	0	0	0
<b>Paul Roche</b> (left 04/05/12) Non-Executive Director	0-5	0	0	5-10	0	0
<b>Maurice Rumbold</b> Non-Executive Director	5-10	0	1	5-10	0	2
<b>Robert Smart</b> (left 23/11/11) Non-Executive Director	0	0	1	5-10	0	1
<b>Ken Smith</b> Non-Executive Director	5-10	0	1	5-10	0	3
<b>Darren Grayson</b> Chief Executive	170-175	0	19	170-175	0	16
<b>Vanessa Harris</b> (appointed 22/10/12) Director of Finance	65-70	0	2	0	0	0
<b>David Hughes</b> Joint Medical Director	60-65	160-165*	3	60-65	150-155*	4
<b>Andrew Slater</b> (appointed 16/04/12) Joint Medical Director	55-60	125-130**	0	0	0	0
<b>Richard Sunley</b> (appointed 01/04/12) Chief Operating Officer/Deputy Chief Executive	150-155	0	0	0	0	0
<b>Alice Webster</b> (appointed 29/08/12) Director of Nursing	55-60	0	2	0	0	0
<b>Jane Hentley</b> (left 31/12/12) Director of Nursing	40-45	0	0	100-105	0	4
<b>David Meikle</b> (left 14/09/12) Director of Finance	55-60	0	2	130-135	0	4

\* Clinical salary for consultant radiologist work

\*\* Clinical salary for consultant anaesthetist work

<b>Band of highest paid director</b>	£170 - £175k
<b>Median total remuneration</b>	£24.1k
<b>Ratio</b>	7 : 1

This calculation is based only on payments made to staff in respect of their responsibilities as a Director

## Section 6 - our staff

Pension benefits								
	Real increase in pension and related lump sum at age 60 (bands of £2500) £'000	Real increase in accrued lump sum at age 60 (bands of £2500) £'000	Total accrued pension at age 60 at 31 March 2013 (bands of £5000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5000) £'000	Cash equivalent transfer value at 31 March 2013 £'000	Cash equivalent transfer value at 31 March 2012 £'000	Real increase in Cash Equivalent Transfer value £'000	Employer's contribution to stakeholder pension £'000
<b>Stuart Welling</b> Chairman	0	0	0	0	0	0	0	0
<b>Charles Ellis</b> Non-Executive Director (appointed 01/04/12)	0	0	0	0	0	0	0	0
<b>Stephanie Kennett</b> Non-Executive Director (appointed 01/06/12)	0	0	0	0	0	0	0	0
<b>James O'Sullivan</b> Non-Executive Director (appointed 01/04/12)	0	0	0	0	0	0	0	0
<b>Paul Roche</b> Non-Executive Director (left 04/05/12)	0	0	0	0	0	0	0	0
<b>Maurice Rumbold</b> Non-Executive Director	0	0	0	0	0	0	0	0
<b>Robert Smart</b> Non-Executive Director (left 23/11/11)	0	0	0	0	0	0	0	0
<b>Ken Smith</b> Non-Executive Director	0	0	0	0	0	0	0	0
<b>Darren Grayson</b> Chief Executive	22.5-25	15-17.5	50-55	160-165	867	719	113	0
<b>Vanessa Harris #</b> Director of Finance (appointed 22/10/12)	50-52.5	45-47.5	35-40	105-110	771	0	340	0
<b>David Hughes</b> Joint Medical Director	2.5-5	10-12.5	45-50	135-140	879	772	67	0
<b>Andrew Slater</b> Joint Medical Director (appointed 16/04/12)	25-30	15-20	40-45	125-130	771	604	73	0
<b>Richard Sunley</b> Chief Operating Officer/Deputy Chief Executive (appointed 01/04/12)	0-2.5	0	0-5	0	31	0	31	0
<b>Alice Webster</b> Director of Nursing (appointed 29/08/12)	35-40	25-30	25-30	85-90	437	279	85	0
<b>Jane Hentley</b> Director of Nursing (left 31/12/12)	0	(0-2.5)	30-35	95-100	576	548	0	0
<b>David Meikle</b> Director of Finance (left 14/09/12)	0-2.5	0-2.5	40-45	130-135	888	818	13	0

# Director appointments made in year, for which there is no comparable information available at 31 March 2012. The value of the real increase in pension and related lump sum and CETV is therefore attributed as a 2012-13 increase although a significant part of this relates to pension entitlement earned in previous years.

Note: Information supplied by NHS Pensions agency

## Cash equivalent transfer values

**A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time.**

The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme.

They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

### Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

## Highest earners at the Trust

**In 2012/13, ten employees received remuneration in excess of the highest paid director. Remuneration ranged from £179,000 to £223,000.**

Top 10 earners 2012/13	Top 10 earners 2011/12
223,534.39	214,895.77
217,254.52	213,213.96
211,212.96	213,158.24
194,079.36	194,796.71
193,951.48	180,200.17
187,284.13	180,179.15
185,982.41	179,495.20
184,183.33	174,807.96
182,208.02	174,120.40
179,511.82	172,062.72

The remuneration does not include non-consolidated performance related pay, benefits in kind, severance payments, employer pension contributions or the cash equivalent transfer value of pensions.



# Section 7 - annual governance statement

## Annual governance statement

**The governance statement records the stewardship of the organisation to supplement the accounts.**

It will give a sense of how successfully it has coped with the challenges it faces and of how vulnerable the organisation's performance is or might be. This statement will draw together position statements and evidence on governance, risk management and control, to provide a more coherent and consistent reporting mechanism.

The governance statement should refer to the board's committee structure; the board's performance, including its assessment of its own effectiveness; and to ensuring that required standards are achieved. This should make reference to performance against the national priorities set out in the NHS Operating Framework 2012/13.

All elements of the governance statement are important, however, the risk assessment is critical. This is where the Accountable Officer supported by the board should discuss how the organisation's risk management and internal control mechanism work. Where there are weaknesses, the emphasis should be on how these are being addressed. Where there have been reports published on the organisation during the year, the Accountable Officer should reflect on the assurance these provide in helping to achieve effective operation of controls.

## Governance statement

### Scope of responsibility

Public service values must be at the heart of the National Health Service. High standards of corporate and personal conduct based on a recognition that patients come first, have been a requirement throughout the NHS since its inception.

Moreover, since the NHS is publicly funded, it must be accountable to Parliament for the services it provides and for the effective and economical use of taxpayers' money.

There are three crucial public service values which must underpin the work of the health service.

**Accountability** - everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

**Probity** - there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.

**Openness** - there should be sufficient transparency about NHS activities to promote confidence between the NHS organisation and its staff, patients and the public.

The Chief Executive is the Accountable Officer for East Sussex Healthcare NHS Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health and encompass the responsibility for the propriety and regularity of public finances in the NHS; for the keeping of proper accounts; for prudent and economical administration; for the avoidance of waste and extravagance; and for the efficient and effective use of all the resources in the Officer's charge.

The Accountable Officer must ensure that:

- There is a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding public funds and assets.
- Value for money is achieved from the resources available to the Trust.
- The expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them.
- Effective and sound financial management systems are in place.
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the net operating cost, recognised gains and losses and cash flows for the year.

## Section 7 - annual governance statement

The Chief Executive also has responsibility for the governance and assurance process across the Trust. This includes a responsibility for ensuring that processes are in place to enable identification and management of current risk and anticipation of future risk.

### Governance framework

**East Sussex Healthcare NHS Trust was formed on 1st April 2011 following the integration of East Sussex Hospitals NHS Trust with East Sussex Community Services.**

The NHS Foundation Trust Code of Governance has stated that the board should be of sufficient size that the balance of skills, capability and experience is appropriate for the requirements of the business.

The Board has a balance of skills and experience appropriate to fulfilling its responsibilities and is well balanced with a Chairman, five non-executive directors and five executive directors. In line with best practice there is a clear division of responsibilities between the roles of Chairman and Chief Executive.

Over the last financial year, there have been a number of changes which have strengthened the composition of the Board including the appointment of three non-executive directors and a non-executive director designate, Chief Operating Officer, who is also the Deputy Chief Executive, Director of Nursing, Director of Finance and a Joint Medical Director.

The Trust has also nominated one of the non-executive directors as Vice Chairman and another as the Senior Independent Non-executive Director (SID). The role of the SID is to make himself available for confidential discussions with other directors who may have concerns which they believe have not been properly considered by the Board, or not addressed by the Chairman or Chief Executive, and also to lead the appraisal process of the Chairman.

There has been considerable work on continuing to build and strengthen governance across the organisation. This has included:

- Embedding the quality governance reporting structure and framework.
- Strengthening the quality improvement loop

which allows for the systematic identification and treatment of issues and measure of improvement.

- Developing an open and transparent culture that facilitates organisational learning.
- Continuing to improve the quality of Board papers and reporting, the main governance instruments such as the Board Assurance Framework (BAF) and risk register and thorough work on quality and risk systems.
- There are clear lines of accountability and responsibility throughout the organisation and as part of the Trust induction and personal development reviews staff are made aware of the Trust's high standards of corporate and clinical governance and the expectations in respect of their own personal accountability.

These actions have supported the Board to meet the best practice governance requirements of the Code of Governance.

### Board effectiveness

The Board has undertaken an initial self-assessment against the Board Governance Assurance Framework to support identification of developmental needs and progression towards Foundation Trust status.

The Board is committed to becoming a cohesive, balanced and high performing leadership group and is being supported by a tailored Board development programme delivered by Hay Group. This commenced in December 2012 and will continue until October 2013. The Board has completed the diagnostic phase and is now progressing through a series of Board Development sessions.

### Committee structure

The Trust Board meets bi-monthly in public; in addition it holds a number of Board seminars and development sessions throughout the year, to support Board members in gaining the appropriate knowledge and skills to discharge their duties.

The Trust's Committee Structure has been in place for almost eighteen month and provides a robust assurance framework for the Board, simplifying and strengthening decision-taking and reporting. Committees of the Board include Audit, Remuneration, Finance and Investment,

## Section 7 - annual governance statement

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Quality and Standards and Clinical Management Executive. With the exception of the Clinical Management Executive all Committees are chaired by a non-executive director of the Trust and membership of the Audit and Remuneration Committees comprise just non-executive directors.

Terms of reference outline both quoracy and expected attendance at meetings and this will be monitored by the Trust Board as part of the submission of annual plans. Functions of these Committees are outlined below.

### **Audit Committee**

The Audit Committee supports the Board by critically reviewing governance and assurance processes on which the Board places reliance.

This encompasses: the effectiveness of Trust governance, risk management and internal control systems; the integrity of the financial statements of the Trust, in particular the Trust's Annual Report; the work of internal and external audit and any actions arising from their work; compliance by the Trust with relevant legal and regulatory requirements. The Committee meets bi-monthly.

The Committee has aimed to perform its duties during the year as delegated by the Trust Board and mandated through governance requirements, ensuring compliance with and further developing good practice through continuous self assessment and review of its effectiveness; and assessing itself against the checklist in the Audit Committee Handbook.

A new non-executive took over chairmanship of the committee in June 2012 and membership consists of himself and two non-executive directors, one of whom joined the committee in August 2012.

Executive directors are invited to attend. The Committee met on six occasions throughout the financial year, is well attended and always quorate.

The Committee has reviewed the Board Assurance Framework (BAF). It is evident that there has been increased focus to ensure that the BAF is fit for purpose and the Committee has reviewed evidence to support this.

The BAF is in line with Department of Health expectations and has been reviewed by internal

audit to give additional assurance that this opinion is well founded.

The Committee has oversight of the completeness of the risk management system. Divisional and Corporate representatives now attend the Committee on a rotational basis to present their risk registers and mitigating actions, demonstrating that risk is becoming increasingly embedded throughout the organisation.

As one of the key means of providing the Trust Board with assurance that effective internal control arrangements are in place the Audit Committee requests assurances and information from a variety of sources to inform its assessments.

It has received assurance reports from Trust management and various other sources both internally and externally throughout the year. This process has also included calling managers to account when considered necessary to obtain relevant assurance.

The Committee also works closely with the executive directors to ensure that the assurance mechanism within the Trust is fully effective and that a robust process is in place to ensure that actions falling out of external reviews are implemented and monitored by the Committee.

The Audit Committee chairman updates the Trust Board at each meeting with both minutes and a verbal update and an annual report is also presented.

Key issues being monitored by the Committee include compliance with clinical audit processes and improved documentation of updates to Internal Audit recommendations.

### **Remuneration committee**

The purpose of the Remuneration Committee is to ensure that the process of appointing, and if necessary dismissing, the executive directors are robust, fit for purpose and have been followed. It oversees the system for all executive director appointments and agrees the parameters for the senior appointments process.

It also agrees and reviews the Trust's policies on the reward, performance, retention and pension matters for the executive directors and other senior managers of the Trust. Membership comprises four non executive directors, one of

## Section 7 - annual governance statement

whom is the Trust Chairman who leads the meetings. The Committee met five times during 2012/13.

### Finance and investment committee

The Finance and Investment Committee provides support to the Trust Board in regard to understanding:

- The future financial challenges and opportunities for the Trust
- The future financial risks of the organisation
- The integrity of the Trust's financial structure
- The effectiveness and robustness of financial planning
- The effectiveness and robustness of investment management
- The robustness of the Trust's cash investment approach
- The investment and market environment the Trust is operating in,
- The financial and strategic risk appetite that is appropriate for the organisation
- The process for business case assessments and scrutiny and the process for agreeing or dismissing investment decisions depending on the above.

The Committee is scheduled to meet quarterly but has met monthly during 2012/13.

### Quality and Standards Committee

The Committee's prime function is to ensure that the Trust is providing safe and high quality services to patients supported and informed by effective arrangements for monitoring and continually improving the safety and quality of care.

It meets bi-monthly to provide an objective review of all aspects of quality, safety and standards in support of getting the best clinical outcomes and experience for patients.

The Committee assists the Board to be assured that the Trust is meeting statutory quality and safety requirements and to gain insight into issues and risks that may jeopardise the Trust's ability to provide excellent quality care services.

It held four meetings during the financial year. It has agreed its work plan and reviewed and approved the proposed quality improvement

priorities for 2013/14. During the year the Quality and Standards Committee has reviewed a number of areas in depth such as patient experience and management of serious incidents and undertakes "deep dive" reviews of any areas highlighted through the risk management process.

### Clinical Management Executive (CME)

To support the Chief Executive in fulfilling the requirements of Accountable Officer the Clinical Management Executive convenes monthly and ensures that the organisation is able to plan and undertake the actions required to effectively deliver its strategic objectives.

Its prime responsibility is to ensure that all aspects of quality governance are brought together to ensure that there is a clear perspective on the quality of services provided by the Trust, that quality improvements are identified and that appropriate actions are taken to manage risk and improve quality with measurable results.

## Risk assessment

**Risk management processes and structures are defined in the Trust's Risk Management Strategy and supporting policies. A risk assessment process is in place that encompasses:**

- Context
- Risk identification
- Risk assessment
- Evaluation and Ranking
- Risk Treatment
- Monitoring and review
- Communication and Consultation

The Trust uses the Datix system to record risks and generate risk registers. The registers are real-time documents which are populated through the organisations risk assessment and evaluation processes. This enables risks to be quantified and ranked.

A corporate risk register populated from the various risk registers is produced and establishes the organisational risk profile.

All clinical divisions and corporate departments are required to identify a lead who is responsible

## Section 7 - annual governance statement

for running reports from Datix. Risks are routinely reviewed at Clinical Unit Quality Meetings, Team Meetings and Divisional Quality Meetings.

The Clinical Management Executive has a rolling programme to review all Division/Department risk registers and the Trust risk register every 12 weeks. Division risk registers are presented to the Clinical Management Executive in their entirety.

Every quarter, the Trust Risk Register is presented to the CME. The Trust Risk Register is made up of all extreme risks.

The Trust Risk Register is also presented to the Audit Committee on a quarterly basis and a division or directorate attends each meeting to present their risk register to the Committee.

The Board Assurance Framework is a strategic risk management tool used by the Trust to identify key risks to the achievement of its aims and objectives.

It helps the Trust Board to ensure that all identified risks are focused upon and that effective controls are in place thus providing assurance that a robust risk management system underpins the delivery of the organisation's principal aims and objectives.

It highlights gaps in the effectiveness of controls or of assurance and informs the Board of the areas where it should be scrutinising the controls the organisation has in place to manage the principle risks.

The Board Assurance Framework is managed by the Company Secretary. It has been regularly reviewed and revised by the Board and the Audit and Quality and Standards Committees.

The Board approved a revised Risk Management Strategy in January 2012 and the Risk Management Policy and Procedures were reviewed and strengthened in January 2013.

As part of the Trust's ongoing governance review it held a "Risk Summit" Board Seminars in April 2012 and October 2013 to consider the key risks, risk appetite and how this feeds into the Board Assurance Framework.

### Risks identified in 2012/13

**Principle risks are captured on the Assurance Framework with a clear process of reviewing and monitoring mitigation of these risks.**

The principle risks recorded on the Assurance Framework during the year are outlined below:

- Unable to demonstrate the maintenance and improvement of patient safety and the quality of care provided and as a result are unable to achieve compliance with CQC and NHSLA standards.
- Unable to demonstrate that the Trust's performance meets expectations against national and local requirements resulting in financial penalties, an adverse impact on reputation with the public and commissioners and in respect of market share.
- Lack of clinical leadership and ownership and lack of managerial capacity and capability means that services are not developed and delivered in line with best clinical practice and strategic aims leading to poor clinical outcomes for patients.
- Unable to develop collaborative relationships with partner organisations within or outside the NHS resulting in an impact on ability to operate efficiently and effectively within the local health economy.
- Our financial position and liquidity is adversely impacted due to inability to respond to local commissioning intentions and demand management plans by adapting our capacity and activity.
- Unable to define our strategic intentions and service plans and cannot deliver a sustainable service configuration or develop an Integrated Business Plan that supports our Foundation Trust application.
- Unable to demonstrate that we are improving outcomes and experience for our patients and as a result we are not the provider of choice for our local population.
- We fail to meet our statutory responsibilities which result in sanctions that incur reputational damage or financial cost.

## Section 7 - annual governance statement

- Unable to effectively recruit and manage our workforce in line with our strategic plans, operational requirements and financial restrictions leading to a mismatch between staffing provision and service needs resulting in a financial and quality impact.
- Unable to effectively align our estate and IM&T infrastructure to our operational and strategic requirements leading to an impact on delivery.
- Unable to respond effectively to the rapidly changing external policy environment resulting in poor decision-making and inability to deliver sustainable strategic change.

### Lapses of data security

During 2012/13 the Trust did not have any information governance incidents graded at level 3 or above.

Table 1 below shows 40 information governance incidents that have been reported and scored at level 2 or lower on the scale (these are broken down into five categories).

Category	Nature of incident	Total
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	2
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	0
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	2
IV	Unauthorised disclosure	34
V	Other	2



Of the 34 incidents in category IV, 13 are grouped as staff leaving Patient Identifiable Information (PII) visible through glass doors/windows or in open access rooms and, 11 as PII posted or emailed to the wrong recipient/incorrect or unsecure enveloping.

Of the 2 incidents in category V, both are incidents around the misfiling of PI.

The Trust is pleased that staff are becoming aware of Information Governance (IG) breaches and reporting them. However, as part of the ongoing IG training and awareness work staff will be reminded of their responsibilities regarding data protection.

All incidents are investigated and actions implemented to prevent reoccurrence. None of the incidents fell within the requirements to report to the Information Commissioner.

### Freedom of information requests

The Trust received 370 Freedom of Information requests in 2012/13, of these 294 (79.5%) were responded to in time.

## Section 7 - annual governance statement

### Service performance for 2012/13

Performance indicator	Thresholds		Month 12
	Performing	Under-performing	Actual
Total time in A&E - 95% of patients should be seen within four hours	95%	94%	95.78%
MRSA	0	>1SD	2
C Diff	0	>1SD	51
RTT - admitted - 90% in 18 weeks	90%	85%	93.61%
RTT - non-admitted - 95% in 18 weeks	95%	90%	97.21%
RTT - incomplete 92% in 18 weeks	92%	87%	95.74%
RTT delivery in all specialties	0	>20	1
Diagnostic Test Waiting Times	<1%	5%	1.16%
Cancer 2 Week Wait	93%	88%	94.42%
Cancer 2 week wait - Breast	93%	88%	96.33%
Cancer 31 day - Subsequent Surgery	94%	89%	100.00%
Cancer 31 day - Subsequent Chemo	98%	93%	100.00%
Cancer 31 day - Diagnosis to Treatment	96%	91%	97.16%
Cancer 62 Day Screening Service	90%	85%	83.33%
Cancer 62 Day Urgent Referral	85%	80%	83.33%
Delayed transfers of care	3.5%	5.0%	0.46%
Mixed Sex Accommodation Breaches	0.0%	0.5%	0.19%
VTE Risk Assessment	90.0%	80.0%	91.99%

The Trust has worked closely with partner organisations, including NHS Sussex, NHS South of England, commissioning groups and East Sussex County Council, to deliver the NHS targets as set out in the NHS Operating Framework and NHS Performance Framework.

Relationships will be developed with the new organisations, such as NHS Commissioning Board, NHS Trust Development Authority and Healthwatch, following the health economy restructure in April 2013.

### Risk and control framework

**The Trust has a statutory and regulatory obligation to ensure that systems of control are in place to minimise the impact of risk, which could affect the functioning of the Trust.**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The Trust has in place an ongoing process to:

## Section 7 - annual governance statement

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- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives
- Evaluate the likelihood of those risks being realised and the impact should they be realised and to manage them efficiently, effectively and economically.

This process is supported by an integrated governance and assurance framework, incorporating risk management, which is designed to assimilate the three separate strands of risk; financial, organisational and clinical with an approach to manage them in a seamless and holistic way.

The Risk Management Strategy sets out the key roles and responsibilities of the Trust Board, its sub-committees, Executive Directors, managers and all employees within the organisation in respect of risk management.

The Director of Finance has delegated authority to manage financial and information governance risk and the Medical Director and the Director of Nursing have delegated authority to manage patient safety and clinical risk. The Director of Strategy and Assurance oversees the risk management and compliance within the Trust.

Communication of risk management matters, including sharing good practice takes place in a wide variety of ways, both at corporate and divisional level. The Assurance Team provide essential risk management support and training to staff. All Trust staff are encouraged to attend Risk Management training including Risk Assessment, Risk Management, Incident Reporting Workshops and Root Cause Analysis training. The Trust Mandatory Training Policy details the risk management training for staff.

Individuals responsible for completing risk assessments must have undertaken risk assessment training, those completing Root Cause Analysis investigations and reports must have attended RCA training. Risk management is also covered at induction with new members of staff required to complete an online training module.

All risks are identified, analysed, evaluated and controlled through the Trust incident reporting and information system. Risks are identified through incident reporting, risk assessment reviews, clinical audits and other clinical and

non-clinical reviews with a clearly defined process of escalation to risk registers. Incident reporting information is shared widely through local clinical governance forums to support organisational learning.

All business cases and proposed service reconfigurations are routinely risk assessed and papers provide narrative on risk and equality impact. The Medical Director and Director of Nursing consider all proposed cost improvement and efficiency plans to ensure that implementation is not detrimental to patient safety and quality of care.

All significant risks are escalated from the divisional risk registers to the Corporate Risk Register, which informs the business planning and care management process. All divisional risk registers and the Corporate Risk Register, which contains all risks rated 16 and above are reviewed at the Clinical Management Executive and further monitored at the Audit Committee.

The Trust Assurance Framework clearly links risks with corporate objectives and the wider strategic business plan. It sets out the key objectives and the principal risks against achieving them. It details the key controls, sources of assurance and any gaps therein. Additionally, the Assurance Framework is cross-referenced with the Corporate Risk Register to ensure that all risks faced by the Trust are managed consistently and seamlessly.

The Trust Assurance Framework was reviewed by the Trust Management Team, Audit Committee, Quality and Standards Committee and Trust Board during the course of the year. The Assurance Framework clearly identifies both gaps in control and assurance and there are clear, time-based actions included to respond to these.

The Trust manages its financial risks using a wide range of management tools. Performance against budgetary targets is recorded, analysed and reported monthly. This information is monitored and challenged both internally and externally.

In addition to performance assessment, financial control and management is continually assessed by internal and external audit, and counter fraud teams. Reports from these parties are presented to the Audit Committee which is

## Section 7 - annual governance statement

chaired by a non-executive member of the Trust Board. Operational management, Finance, Purchasing and Payroll teams are segregated to reduce conflicts of interest and the risk of fraud. Segregation is enhanced and reinforced by IT control systems which limit authority and access.

### Patient and public involvement

Section 11 of the Health and Social Care Act 2012 places a duty on the NHS to consult and involve patients and the public in the planning and development of health services and in making decisions affecting the way those services operate.

The Trust has continued to strengthen closer working relationships with stakeholders particularly in respect of the development of its Clinical Strategy: Shaping our Future. This has been undertaken through an environment of openness, transparency and accessibility in order to allow stakeholders to engage with the Trust to plan future service improvements.

Public engagement events have also taken place to support the development of the Trust's Quality Account improvement priorities and Patient Experience Strategy.

The Board is committed to learning from patient experience. Board members hear the real experiences of patients and relatives at the beginning of each Board meeting; to learn how problems in care provision affect and impact upon patients and their families, and to maintain a focus on continually improving patient safety and experience.

The Trust has developed a Patient Experience Strategy which is currently being consulted upon. The Strategy aims to put patients at the heart of their care; it sets out a clear and ambitious programme that will enhance the experience of patients and service users.

The Trust also has systems in place to implement the Friends and Family Test which provides an opportunity for patients to feedback on the care and treatment they receive and to improve services. Starting from April 2013, patients will be asked whether they would recommend hospital wards and A&E departments to their friends and family if they needed similar care or treatment.

This means every patient in these wards and departments will be able to give feedback on

the quality of the care. Results will be reviewed by the Board and published on NHS Choices beginning July 2013.

### Quality walks

Board members undertake 'quality walks' to develop their understanding of the organisation and the organisation's understanding of the Board by providing a 'Board to ward' and 'ward to Board' perspective. These visits add to and compliment the assurance provided to the Board through regular reporting on compliance with local, national and regulatory quality standards.

They are not a one off event but part of a continuing cycle of improvement where outcomes are fed back to staff, patients and others and if required actions are taken.

Quality Walks are monitored to ensure the full range of the Trust's service provision is covered and that a wide range of services and locations are visited across all operating hours including out of hours. 102 quality walks took place in 2012/13.

## Equality and diversity

**Control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with.**

The Trust has published its Equality Strategy 2011-15 which details how the Trust will eliminate discrimination, advance equality and foster good relations between people who share certain characteristics and those who do not.

The Board also consider an Annual Equality Information Report. The Trust employs an Equality and Diversity Manager and has an Equality and Diversity Steering Group which is chaired by the Chief Executive.

## NHS pension scheme

**As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with.**

This includes ensuring that deductions from salary, employer's contributions and payments in

## Section 7 - annual governance statement

to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

### Climate change

The Trust has undertaken a climate change risk assessment and developed an Adaptation Plan, to support its emergency preparedness and civil contingency requirements, as based on the UK Climate Projections 2009 (UKCP09), to ensure that this organisation's obligations under the Climate Change Act are met.

### Duty of candour

Following a full public consultation, new rules to 'toughen transparency in NHS organisations and increase patient confidence' were announced in December 2012.

The government will create regulations that require the NHS Commissioning Board to include a contractual duty of openness in all commissioning contracts from April 2013.

This will mean that NHS organisations will be required to tell patients if their safety has been compromised, apologise, and ensure that lessons are learned to prevent them from being repeated. Although all NHS organisations are currently expected to be open about mistakes, there is no contractual duty to hold them to account when this does not happen.

This has also been highlighted in the Francis report "There is a requirement not only for clinicians to be candid with patients about avoidable harm, but for safety concerns to be reported openly and truthfully, and for organisations to be accurate, candid and not provide misleading information to the public, regulators and commissioners."

The Trust has a Being Open Policy (2012) but evidence is not always available to demonstrate that this has been implemented when Root Cause Analysis reports are reviewed by the Serious Incident Review Group. Further work and communication is being undertaken to ensure

the Policy is followed in order that the Trust is compliant with the new contractual duty.

### Whistleblowing

The Trust has a Whistleblowing Policy which outlines how staff should raise concerns; this has recently been revised to reflect the integrated organisation and will have been communicated to staff.

The Trust also has a nominated Senior Independent Non-executive Director who is available to review concerns which cannot, or should not, be addressed by the Chairman or Executive Directors.

Following receipt of a letter from the Secretary of State for Health in February 2012, the Trust checked the confidentiality clauses of contracts and compromise agreements to ensure they embraced the spirit of guidance on gagging clauses and the need for genuine consideration of concerns when they are raised to foster and sustain an open culture.

This was considered by the Remuneration Committee and assurance provided that confidentiality clauses of Trust contracts and compromise agreements do not prejudice employees or former employee's rights to disclose information and raise legitimate concerns.

### Counter fraud and anti-bribery arrangements

Under the new NHS Standard Contract introduced in 2012/13, all organisations providing NHS services are required to have appropriate anti-fraud arrangements in place.

In 2012, NHS Protect published 'Standards for Providers: Fraud, Bribery and Corruption' ("the Standards") to assist organisations with this process.

It incorporates a requirement that the Trust employs or contracts a qualified person or persons to undertake the full range of anti-fraud work, and that it produces a risk based workplan that details how it will approach anti-fraud and corruption work.

## Section 7 - annual governance statement

The Trust is committed to ensuring fraud, bribery and corruption does not proliferate within the organisation. We are fully compliant with the directions issued by the Secretary of State in 1999, the NHS Standard Contract (2012) and the NHS Counter Fraud and Corruption Manual.

The Trust's Counter Fraud Service is provided by Deloitte & Touche Public Sector Internal Audit Limited. The accredited Local Counter Fraud Specialist (LCFS) reports to the Director of Finance and attends our Audit Committee meetings to report on the work achieved. Our LCFS works to ensure that counter fraud is integrated into all Trust activity in a positive way.

Throughout the past financial year we have continued to embed the counter fraud and anti-bribery culture, and work is undertaken against the Standards, comprising the areas of Strategic Governance and the three key principles of Inform and Involve, Prevent and Deter, and Hold to Account.

Reactive investigations comply with legislative requirements and with the NHS Counter Fraud and Corruption Manual. Our LCFS liaises with other LCFS personnel and relevant external bodies for investigations, as appropriate. The LCFS is available to receive referrals and reports on the results to the Director of Finance and the Audit Committee. All sanctions available to the Trust are considered following a reactive investigation, together with efforts to recover losses incurred.

### Review of the effectiveness of risk management and internal control

**Over the past year there is clear evidence of improved risk management including incident reporting and investigation, complaints handling and the strengthening of the Board Assurance Framework.**

A new quality dashboard has been implemented, datix web has been introduced to facilitate real time incident reporting and further root cause analysis and risk training has taken place.

#### NHSLA

The Trust was NHSLA level two for acute services but due to integration with community and a

revision to the NHSLA standards the Trust was reassessed and awarded level one in September 2012. The Trust holds CNST level two for maternity, this was reassessed and awarded in February 2013.

#### Internal audit

South Coast Audit provides the Trust with internal audit services. In accordance with NHS Internal Audit Standards, the Head of Internal Audit (HoIA) is required to give an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (that is, the organisation's system of internal control).

For 2012/13 the Head of Internal Audit's overall opinion was that **significant assurance** can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.

The internal auditors completed 24 audits during the year; 16 gave 'significant' assurance and three 'limited' assurance (these were employment of locums, health roster project and information governance review). Four audits were provided with a split opinion between 'significant' and 'limited' and there was one audit where no opinion was given as it was a consultancy.

In giving the Trust a 'significant assurance' opinion auditors took into account:

- The relative importance of the areas audited, and in particular the continuing positive results from most core annual audit work on the Trust's key financial systems
- The number of risk based reviews undertaken where 'significant assurance' was provided
- The reports relating to follow ups for which 'significant assurance' was given over the implementation of agreed actions
- 'significant assurance' given over the design and operation of the Board Assurance Framework and associated risk management processes

## Section 7 - annual governance statement

- And significant assurance over the operation of the CQC self assessment process.

All internal audit reports and associated actions are reviewed and implementation monitored by the Audit Committee.

The Audit Committee identified a gap in control in respect of recording the completion of audit recommendations and this has been addressed and is being monitored.

### Care Quality Commission (CQC)

The Trust is registered with the Care Quality Commission to carry out eight legally regulated activities from 20 registered locations:

- Maternity and midwifery services
- Termination of pregnancies
- Nursing care
- Family planning services
- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Surgical procedures
- Diagnostic and screening procedures

In April 2012 the CQC outlined their commitment to inspect most services more often. They aim to inspect hospitals annually and other services as a minimum every two years and it likely that we will therefore see the number of inspections to our services increase.

They have carried out visits a total of nine visits. At the end of the financial year only one service is non-compliant, District Nursing in Eastbourne has one moderate and three minor concerns.

### Significant issues

On 8th March 2013 the Board agreed to take action to ensure the safety of obstetric and neonatal services through the temporary consolidation of a consultant led obstetric service, neonatal (including the Special Care Baby Unit), in-patient paediatric and emergency gynaecology services at Conquest Hospital only along with the establishment of a stand alone midwifery led maternity unit alongside a Short Stay Paediatric Assessment Unit at Eastbourne District General Hospital.

Changes were introduced from 7th May 2013 and the Board will be closely monitoring the services.

This is a temporary change and any proposed permanent changes to maternity services will be subject to the development of strategic commissioning intentions by the local Clinical Commissioning Groups and if required public consultation.

### Financial performance

The Trust ended the year with a surplus of £522,000 and the planned surplus of £2.8m was not achieved. This result also means the Trust is in breach of its three year statutory break-even duty.

The 2013/14 contract has been agreed and a longer term health economy wide financial plan will need to be developed to ensure the Trust is able to deliver a sustainable financial position.

### Achievement of Foundation Trust status

The Trust signed a tripartite formal agreement in September 2011 with a trajectory for achievement of Foundation Trust status by April 2014.

Significant progress has been made in quality, governance, performance and strategy. The Trust has not achieved the required financial risk rating of three and is therefore working with the TDA to agree a revised trajectory.



# Financial report and summary financial statements

## Operating and financial review

### **From a financial perspective the Trust faced another very challenging year in 2012/13.**

The plan for the year assumed a significant reduction in activity, reflecting commissioners' Quality Innovation, Prevention and Productivity (QIPP) plans for the year. This was underpinned by a 'capped' contract that specified a set income level for the Trust regardless of the actual levels of activity.

In practice, activity levels did not reduce, emergency and outpatient activity materially over performed throughout the year and the Trust negotiated an increase in the overall value of the capped contract to reflect this. In addition £3.0m of funding was received for winter pressures.

The additional levels of activity above those planned resulted in a significant level of costs above budget. This pressure was exacerbated by the need to incur premium costs, including use of private sector capacity, to meet elective access targets.

The capacity pressures felt by the Trust also impacted adversely on the cost improvement programme which, when the expected activity reductions did not materialise, had to be reduced from £22m to £19m in year.

Of this target £16m of savings were delivered. In addition a further £2.7m of savings was delivered against the Financial Recovery Plan bringing total savings achieved in year to £18.7m.

The overall impact of the above meant that the Trust was unable to deliver its planned surplus of £2.8m and instead returned a smaller surplus of £0.5m. The inability of the Trust to generate a significant surplus has meant the continuation of the liquidity and cash flow pressures experienced in 2011/12.

In 2012/13 the Trust continued to build on its strength as an integrated provider of care following the merger of acute with community services in 2011/12.

In accordance with 'Transforming Community Services' (TCS) guidance the assets from which it undertakes community services are to be

transferred to the Trust in the financial year 2013/14. These assets, valued at £49.33m were transferred to the Trust with effect from 1st April 2013.

This increase in the asset base will enable the Trust to have greater control and flexibility over the use of its estate as well as provide a welcome improvement in its operating surplus and liquidity.

The Trust spent a further £2.2m in the year on the new Endoscopy Unit at Eastbourne District General Hospital, bringing the cumulative spend to £4.8m. This project will be completed in summer 2013 at a projected total cost of £6.2m.

The Trust continues to strengthen its working relationships with customers, suppliers, other NHS organisations and supporters such as the League of Friends.

The Better Payments Practice Code was established to measure an NHS body's performance against a target to pay creditors within a 30 day period. Due to carried forward liquidity problems the Trust paid 51% of non NHS and 27% of NHS suppliers within the 30 day target.

There have been no major accounting policy changes in the year.

During the year the Trust's Divisional and Strategic Business Unit structure became more fully embedded. The divisions have benefited from the further developments in Service Line Reporting and Patient Level Costing, which will provide increasingly useful tools to understand profitability, cost drivers and variations in performance both internally and against external benchmarks.

The Board continues to gain additional assurance on financial matters through the Finance and Investment Committee, which ensures that all material financial risks and developments are closely scrutinised and that senior management is properly held to account for financial performance.

Clinical representation at this committee helps to ensure that clinical quality and patient safety issues are considered alongside financial targets.

In addition to the scrutiny provided by the Finance and Investment Committee, key financial risks form part of the Trust-wide high-level

# Financial report and summary financial statements

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corporate risk register, which is regularly updated and assessed by the Audit Committee and referred onwards to the Trust Board where significant risks are considered and acted upon.

Looking ahead, the financial outlook is no less challenging than in recent years. The Trust has yet to achieve its breakeven duty and continues to carry an underlying deficit and ongoing liquidity problems.

In 2013/14 the Trust has moved to a tariff-based contract without any caps, which means that it will be paid for all cost per case activity undertaken. While this presents some opportunities, it also brings risks associated with variation of activity from plan and the potential imposition of contractual penalties for adverse operational performance and failure to meet quality targets.

In addition to income risks there remain the perennial risks from unplanned cost pressures and failure to meet cost improvement targets.

## Auditor

On 28 March 2013 the Appointed Auditor to the Trust, PKF (UK) LLP, merged its business with BDO LLP. The Audit Commission's Board has novated the contract for the supply of audit services to BDO LLP. Consequently, the audit report for 2012/13 is signed in the name of BDO LLP. We paid audit fees of £155,803 to the auditor in the year in respect of the statutory audit work. There are no other fees payable to the auditor.

Each director has confirmed that as far as he/she is aware there is no relevant audit information of which the NHS body's auditors are unaware and he/she has taken all the steps that he/she ought to have taken as a director in order to make himself aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

# Financial report and summary financial statements

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## Independent auditor's statement to the board of directors of East Sussex Healthcare NHS Trust

We have examined the summary financial statement for the year ended 31st March 2013 set out on pages 61 to 65 of the annual report.

This report is made solely to the Board of Directors of East Sussex Healthcare NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies prepared by the Audit Commission.

### Respective responsibilities of directors and auditor

The directors are responsible for preparing the annual report.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the annual report with the statutory financial statements.

We also read the other information contained in the annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statement.

We conducted our work in accordance with Bulletin 2008/03 issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

### Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of East Sussex Healthcare NHS Trust for the year ended 31 March 2013. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (7th June 2013) and the date of this statement.

**BDO LLP, London, UK**

9th September 2013

## Directors' statement

The auditor has issued unqualified reports on the full annual financial statements and on the consistency of the operating and financial review with these financial statements.

## Full set of accounts

The financial statements in this report show the financial position at the end of the operational year and its performance during the year. These are a summary of the information shown in the annual accounts, a full set of which is available from Vanessa Harris, Director of Finance, East Sussex Healthcare NHS Trust, St. Anne's House, 729 The Ridge, St. Leonards-on-Sea, East Sussex, TN37 7PT.

## Annual Governance Report

The full Annual Governance report is available from Lynette Wells, Secretary to the Trust Board, Conquest Hospital, The Ridge, St Leonards-on-Sea, East Sussex, TN37 7RD.

## External auditor

The external auditor is BDO LLP. The costs of their services for 2012/13 comprise exclusively statutory audit fees and no other non-audit services have been provided.

# Financial report and summary financial statements

## Statement of comprehensive income for the year ended 31st March 2013

	2012/13 £'000	2011/12 £'000
Gross employee benefits	(255,800)	(253,740)
Other costs	(124,583)	(125,389)
Revenue from patient care activities	341,725	340,193
Other operating revenue	29,515	29,388
Transitional support funding	16,160	15,700
<b>Operating surplus</b>	<b>7,017</b>	<b>6,152</b>
Investment revenue	25	26
Other gains	22	2
Finance costs	(368)	(430)
<b>Surplus for the financial year</b>	<b>6,696</b>	<b>5,750</b>
Public dividend capital dividends payable	(6,224)	(6,152)
<b>Retained surplus/(deficit) for the year</b>	<b>472</b>	<b>(402)</b>
<b>Other comprehensive income</b>		
Impairments and reversals	(3,747)	234
Net gain on revaluation of property, plant and equipment	0	3,613
<b>Total comprehensive income for the year</b>	<b>(3,275)</b>	<b>3,445</b>
<b>Financial performance for the year</b>		
Retained surplus/(deficit) for the year	472	(402)
Impairments	0	(32)
Adjustments in relation to donated asset/government grant reserve elimination	50	521
<b>Adjusted retained surplus</b>	<b>522</b>	<b>87</b>

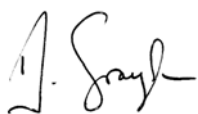
Due to the adoption of IFRS and the introduction of its concomitant standards, the Department of Health requires Trusts to report using adopted standards. The impact of those standards which do not reflect the Trust's operational performance are reversed from the retained surplus/deficit for the year and an adjusted retained surplus figure is shown.

# Financial report and summary financial statements

## Statement of financial position as at 31st March 2013

	31/03/13 £'000	31/03/12 £'000
<b>Non-current assets:</b>		
Property, plant and equipment	202,953	205,909
Intangible assets	285	154
Trade and other receivables	898	1,603
<b>Total non-current assets</b>	<b>204,136</b>	<b>207,666</b>
<b>Current assets:</b>		
Inventories	6,869	6,975
Trade and other receivables	14,051	19,683
Other current assets	107	69
Cash and cash equivalents	2,250	1,500
<b>Total current assets</b>	<b>23,277</b>	<b>28,227</b>
<b>Total assets</b>	<b>227,413</b>	<b>235,893</b>
<b>Current liabilities:</b>		
Trade and other payables	(33,044)	(36,446)
Provisions	(476)	(478)
Borrowings	(308)	(257)
Working capital loan from Department of Health	(1,334)	(1,334)
Capital loan from Department of Health	(340)	(340)
<b>Total current liabilities</b>	<b>(35,502)</b>	<b>(38,855)</b>
<b>Non-current assets less net current liabilities</b>	<b>(191,911)</b>	<b>197,038</b>
<b>Non-current liabilities:</b>		
Provisions	(2,671)	(2,586)
Borrowings	(916)	(1,257)
Working capital loan from Department of Health	(1,331)	(2,665)
Capital loan from Department of Health	(3,878)	(4,218)
<b>Total non-current liabilities</b>	<b>(8,796)</b>	<b>(10,726)</b>
<b>Total assets employed</b>	<b>183,115</b>	<b>186,312</b>
<b>Financed by taxpayers' equity:</b>		
Public dividend capital	111,969	111,891
Retained earnings	(11,029)	(11,555)
Revaluation reserve	82,175	85,976
<b>Total taxpayers' equity</b>	<b>183,115</b>	<b>186,312</b>

The summary financial statements were approved by the board on 7th June 2013 and signed on its behalf by:



Chief Executive

# Financial report and summary financial statements

## Statement of changes in taxpayers' equity for the year ended 31st March 2013

	Public dividend capital £'000	Retained earnings £'000	Revaluation reserve £'000	Total reserves £000
<b>Balance at 1st April 2012</b>	<b>111,891</b>	<b>(11,555)</b>	<b>85,976</b>	<b>186,312</b>
Retained surplus for the year	0	472	0	<b>472</b>
Impairments and reversals	0	0	(3,747)	<b>(3,747)</b>
Transfers between reserves	0	54	(54)	<b>0</b>
New PDC received	78	0	0	<b>78</b>
<b>Net recognised revenue/(expense) for the year</b>	<b>78</b>	<b>526</b>	<b>(3,801)</b>	<b>(3,197)</b>
<b>Balance at 31st March 2013</b>	<b>111,969</b>	<b>(11,029)</b>	<b>82,175</b>	<b>183,115</b>

## Statement of changes in taxpayers' equity for the year ended 31st March 2012

	Public dividend capital £'000	Retained earnings £'000	Revaluation reserve £'000	Total reserves £000
<b>Balance at 1st April 2011</b>	<b>107,407</b>	<b>(11,241)</b>	<b>82,217</b>	<b>178,383</b>
Retained deficit for the year	0	(402)	0	<b>(402)</b>
Net gain on revaluation of property, plant, equipment	0	0	3,613	<b>3,613</b>
Impairments and reversals	0	0	234	<b>234</b>
Transfers between reserves	0	88	(88)	<b>0</b>
New PDC received	4,484	0	0	<b>4,484</b>
<b>Net recognised revenue/(expense) for the year</b>	<b>4,484</b>	<b>(314)</b>	<b>3,759</b>	<b>7,929</b>
<b>Balance at 31st March 2012</b>	<b>111,891</b>	<b>(11,555)</b>	<b>85,976</b>	<b>186,312</b>

# Financial report and summary financial statements

Statement of cash flows for the year ended 31st March 2013		
	2012/13 £'000	2011/12 £'000 (restated)
<b>Cash flows from operating activities</b>		
Operating surplus	7,017	6,152
Depreciation and amortisation	10,040	9,695
Impairments and reversals	0	(32)
Donated assets received credited to revenue but non-cash	(70)	(80)
Government granted assets received credited to revenue but non-cash	0	(40)
Interest paid	(294)	(303)
Dividends paid	(6,318)	(6,041)
(Increase)/decrease in inventories	106	(169)
(Increase)/decrease in trade and other receivables	6,443	(8,628)
(increase)/decrease in other current assets	(38)	107
Increase/(decrease) in trade and other payables	(1,122)	9,276
Provisions utilised	(463)	(333)
Increase in provisions	508	389
<b>Net cash inflow from operating activities</b>	<b>15,809</b>	<b>9,993</b>
<b>Cash flows from investing activities</b>		
Interest received	25	26
Payments for property, plant and equipment	(13,060)	(12,492)
Payments for intangible assets	(161)	(14)
Proceeds of disposal of assets held for sale	22	2
<b>Net cash outflow from investing activities</b>	<b>(13,174)</b>	<b>(12,478)</b>
<b>Net cash inflow/(outflow) before financing</b>	<b>2,635</b>	<b>(2,485)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	78	4,484
Loans repaid to Department of Health - capital investment loans repayment of principal	(340)	(340)
Loans repaid to Department of Health - revenue support loans	(1,334)	(1,334)
Capital element of payments in respect of finance leases	(289)	(325)
<b>Net cash inflow/(outflow) from financing activities</b>	<b>(1,885)</b>	<b>2,485</b>
<b>Net increase in cash and cash equivalents</b>	<b>750</b>	<b>0</b>
<b>Cash and cash equivalents at the beginning of the period</b>	<b>1,500</b>	<b>1,500</b>
<b>Cash and cash equivalents at year end</b>	<b>2,250</b>	<b>1,500</b>

Note: The 2011-12 cash flow has been restated to reflect the 2012-13 donated asset cash flow disclosure requirements

# Financial report and summary financial statements

## Better payments practice code - measure of compliance

	2012/13		2011/12	
	Number	£'000	Number	£'000
<b>Non-NHS payables</b>				
Total non-NHS trade invoices paid in the year	<b>106,662</b>	<b>120,135</b>	96,435	97,952
Total non-NHS trade invoices paid within target	<b>54,870</b>	<b>53,734</b>	43,099	40,521
Percentage of non-NHS trade invoices paid within target	<b>51.44%</b>	<b>44.73%</b>	44.69%	41.37%
<b>NHS payables</b>				
Total NHS trade invoices paid in the year	<b>3,319</b>	<b>31,792</b>	2,873	53,367
Total NHS trade invoices paid within target	<b>909</b>	<b>13,282</b>	652	24,597
Percentage of NHS trade invoices paid within target	<b>27.39%</b>	<b>41.78%</b>	22.69%	46.09%

The Better Payment Practice Code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.





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**Crowborough Birthing Centre**  
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**Crowborough War Memorial Hospital**  
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**Lewes Victoria Hospital**  
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**Eastbourne District General Hospital**  
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**Rye, Winchelsea and District Memorial Hospital**  
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Rye  
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**Uckfield Community Hospital**  
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## Freedom of Information

The Trust is required under the Freedom of Information Act 2000 to make certain information public. The information available can be found in the Trust's Publication Scheme available on our website at [www.esht.nhs.uk/foi](http://www.esht.nhs.uk/foi)

Alternatively write to Trish Richadson, Corporate Governance Manager, Eastbourne District General Hospital, Kings Drive, Eastbourne, East Sussex, BN21 2UD.